Target Audience
Doctors (obstetrician, registrar HMO), share care practitioners (General Practitioners, Private Practice Midwives) midwives, medical and midwifery students

Purpose
Pregnancy is a normal physiological process and any care offered should have known benefits and be acceptable to women. Women should be the focus of maternity care, with an emphasis on providing choice, easy access and continuity of care. Care during pregnancy should support each woman to actively participate in decision making in a collaborative relationship with care providers.

This guideline should be used to support evidence based pregnancy care so that clinicians are providing consistent advice to women.

Precautions
This guideline provides a framework for pregnancy care and may be all that is required for a woman experiencing a low risk pregnancy. Some women may have risk factors for complications identified at booking or during pregnancy and may require additional visits, investigations and treatment.

Each visit should be an opportunity to identify if there is an existing or new issue that requires additional investigations, consultation, referral or transfer to a higher level of care.

Documentation
All women will be given a hand held Victorian Maternity Record (VMR) at booking. Documentation of each visit at Peninsula Health will occur on the Birthing Outcome System (BOS) and printed summaries will be attached to the VMR.

Specific requirements for individual care during the pregnancy should be noted and updated in the management section of BOS to facilitate consistency of information and continuity of care at each visit. Notes of specific requirements should also be made on the front cover of the VMR for the benefit of external providers.

If a woman telephones the Women’s Health Unit or Women’s Services for advice during pregnancy this should be recorded in the phone call section of BOS.

If a woman presents to the Women’s Health Unit for assessment during pregnancy this should be recorded in the outpatient section of BOS.

In the community, notes about the consultation and copies of results need to be printed out and/or recorded in the VMR.
Midwife Booking Appointment 10-14 weeks

- Review antenatal summary and complete antenatal assessment sections on BOS, including results of tests and investigations
- Confirm model of care with the woman, noting any risk factors for obstetric consultation and referral [Models of Antenatal Care Referral Criteria for Obstetric Review](#)
- Ask the woman if she, her partner or her baby identify as Aboriginal or Torres Strait Islander – offer referral to Koori Maternity Service (KMS) and/or Aboriginal Healthy Start to Life [Aboriginal Healthy Start to Life](#)
- Complete baseline vital signs ([refer for urgent obstetric review if hypertensive](#)) [Hypertension in Pregnancy (Pre-Eclampsia & Eclampsia)](#)
- Complete Edinburgh Postnatal Depression Score (EPDS) and follow pathway if score above 10 or risk of self-harm has been identified [Perinatal Mental Health](#)
- Offer smoking cessation and substance misuse advice and support if applicable. Refer to QUIT [QUIT services guide](#), social work and/or Frankston and Mornington Drug and Alcohol Service (FaMDAS)
- Within the psychosocial assessment field, note if there are considerations required for pregnancy, birth or post-natal care planning related to LGBTQIA+, surrogacy, adoption or other variations of family dynamics and refer to social work if required [Surrogacy Adoption](#)
- Within the psychosocial assessment field assess for risk of family violence [Family Violence Response and Referral](#)
- Weight is to be measured at first appointment (not reported pre pregnancy weight). If BMI is over 35 or if other dietary issues are identified, (low BMI, IBS, previous bariatric surgery) offer referral to antenatal nutrition class or individual dietician appointment as appropriate [Management of a woman with BMI ≥35 in pregnancy](#)
- Discuss diet, exercise and healthy weight gain in pregnancy

<table>
<thead>
<tr>
<th>BMI at Booking</th>
<th>Ideal Weight Gain in Pregnancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 18.5</td>
<td>12.5-18 kg</td>
</tr>
<tr>
<td>18.5 to 24.9</td>
<td>11.5-16 kg</td>
</tr>
<tr>
<td>25-29.9</td>
<td>7-11.5 kg</td>
</tr>
<tr>
<td>&gt;30</td>
<td>5-9 kg</td>
</tr>
</tbody>
</table>
- Discuss folate and iodine supplements
- Assess risk of Vitamin D deficiency and provide advice about supplementation as required [Vitamin D Deficiency in Pregnancy & Breastfeeding](#)
- Assess oral health and offer referral to Community Dental if the woman has a health care card or review in private dental clinic
Clinical Practice Guideline
Routine pregnancy care
Department  Women’s Health

- If the woman is continuing care in Young Women’s Clinic (YWC) or Specialist Midwifery Clinic (SMC) provide information about 20 week morphology ultrasound and request on Clover

- If the woman is rhesus negative blood type, discuss prophylactic Anti-D and complete consent form (MR553120) Anti-Rh (D) Immunoglobulin Antenatal and Post Natal Administration

- Assess and document risk of fetal growth restriction (FGR) Management of the Small for Gestational Age or Growth Restricted Fetus

- Review results of investigations and consult or refer for medical review as required. Provide a pathology or imaging request for outstanding investigations

- Promote Immunisation during pregnancy
## Routine Pregnancy Investigations

<table>
<thead>
<tr>
<th>Investigations</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood group and Antibodies</td>
<td>Maternal Rh status for presence or risk of isoimmunisation</td>
</tr>
<tr>
<td></td>
<td>Prevention of haemolytic disease of the newborn</td>
</tr>
<tr>
<td></td>
<td><strong>Anti-RH (D) Immunoglobulin Antenatal and Post Natal Administration</strong></td>
</tr>
<tr>
<td>FBE</td>
<td>Anaemia and haemoglobinopathies in pregnancy - consider ferritin if</td>
</tr>
<tr>
<td></td>
<td>Hb &lt;110g/L and haemoglobin electrophoresis and DNA analysis if MCV &lt;80 fL</td>
</tr>
<tr>
<td></td>
<td>and/or MCH ≤29pg[^4]</td>
</tr>
<tr>
<td></td>
<td><strong>Iron Deficiency Anaemia in Pregnancy, Intrapartum and Postpartum</strong></td>
</tr>
<tr>
<td>Hepatitis B, Hepatitis C, HIV,</td>
<td>Infectious disease screening impacting maternal / fetal or newborn health</td>
</tr>
<tr>
<td>Rubella, Syphilis</td>
<td>(ordering of HIV and Hepatitis C screening requires an accredited midwife</td>
</tr>
<tr>
<td></td>
<td>or doctor for counselling)</td>
</tr>
<tr>
<td>Midstream Urine for MC&amp;S</td>
<td>Asymptomatic bacteriuria – increased risk of maternal and neonatal</td>
</tr>
<tr>
<td></td>
<td>infection and preterm birth</td>
</tr>
<tr>
<td>Combined First Trimester Screening</td>
<td>Risk assessment for trisomy 21, 18 and 13 requires maternal blood</td>
</tr>
<tr>
<td>or Noninvasive prenatal testing</td>
<td>collected between 9+0 and 13+6 weeks (ideally around 10 weeks) and</td>
</tr>
<tr>
<td>(NIPT) (cfDNA)</td>
<td>Ultrasound between 11 and 13+6 (detection rate 85-93%, likely to be</td>
</tr>
<tr>
<td>or, if not done offer</td>
<td>an out of pocket expense)</td>
</tr>
<tr>
<td>Second Trimester Maternal Serum</td>
<td>Risk assessment for trisomy 21, 18 and 13 and sex chromosome</td>
</tr>
<tr>
<td>Screening</td>
<td>aneuploidies. Currently the most accurate test available. Cost can be</td>
</tr>
<tr>
<td></td>
<td>high. Ultrasound at around 12 weeks is still recommended to exclude</td>
</tr>
<tr>
<td></td>
<td>structural abnormalities</td>
</tr>
<tr>
<td>or, if not done offer</td>
<td>or, if not done offer</td>
</tr>
<tr>
<td></td>
<td>Blood collected between 14+0 and 20+6 weeks. Risk assessment for trisomy 21,18, and 13 and neural tube defects by analysing maternal serum levels of alpha-fetoprotein, free bHCG, unconjugated oestriol and inhibin A</td>
</tr>
</tbody>
</table>

[^4]: [Prenatal Screening Tests](#)
Conditional Pregnancy Investigations

<table>
<thead>
<tr>
<th>Investigation</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Oral Glucose Tolerance Test (OGTT)</td>
<td>Increased risk of Gestational Diabetes (GDM):</td>
</tr>
<tr>
<td></td>
<td>BMI &gt; 35</td>
</tr>
<tr>
<td></td>
<td>family history of diabetes (1st degree relative with DM or sister with</td>
</tr>
<tr>
<td></td>
<td>GDM)</td>
</tr>
<tr>
<td></td>
<td>previous GDM</td>
</tr>
<tr>
<td></td>
<td>previous macrosomia</td>
</tr>
<tr>
<td></td>
<td>Polycystic Ovarian Syndrome (PCOS)</td>
</tr>
<tr>
<td></td>
<td>maternal age of 40 years or over</td>
</tr>
<tr>
<td></td>
<td>corticosteroid or antipsychotic medication</td>
</tr>
<tr>
<td></td>
<td>Previous perinatal loss</td>
</tr>
<tr>
<td></td>
<td>or</td>
</tr>
<tr>
<td></td>
<td>women with both ethnicity of increased risk (Asian, Indian subcontinent,</td>
</tr>
<tr>
<td></td>
<td>Aboriginal, Torres Strait Islander, Pacific Islander, Maori, Middle</td>
</tr>
<tr>
<td></td>
<td>Eastern, African) and BMI 25-35</td>
</tr>
<tr>
<td>Chlamydia and Sexually Transmitted Infection (STI)</td>
<td>Offer to high risk populations (women 25 years or younger, multiple</td>
</tr>
<tr>
<td>testing</td>
<td>sexual partners)</td>
</tr>
</tbody>
</table>

Education and health promotion to be offered at midwifery booking appointment

- Discuss and offer childbirth education, dietitian classes and Baby Makes 3 classes (encourage early booking)
- Advise maternity ward tour times and contact number
- Discuss and offer mindful moves
- Discuss infant feeding preferences, offer health promotion about benefits of breastfeeding
- Discuss common symptoms of early pregnancy, for example nausea and vomiting [Nausea and Vomiting in pregnancy](#)
- Discuss concerns about birth, consider referral to perinatal emotional health service [Perinatal Mental Health](#)
- If previous birth was a caesarean section, discuss birth options and offer information leaflet
Documentation in BOS
- Complete all tabs in the Antenatal Assessment section of BOS. Psychosocial notes can be completed for confidential information.
- Confirm model of care
- Initiate management plan if required

Documentation in VMR
- Complete page one of VMR
- GPs and VMOs to complete medical screen in VMR and ensure copies of investigations are included in maternal hand held file and documented
- Print booking summary from BOS and attach to page two of VMR

Encourage the woman to book the remainder of her appointments at the completion of the booking visit to facilitate continuity of care. Request interpreter if needed.
Medical Screening Visit  14-16 weeks
(To be undertaken by hospital obstetric doctor or VMO if any risks suspected.
If no risks at all, can be performed by shared care GP or VMO)

1. Review history
   - Health and wellbeing assessment
   - Review results of investigations ordered at last visit
   - Confirm Estimated Date of Birth (EDB)
   - Provide smoking cessation and substance misuse advice and support if applicable

2. Physical assessment
   - Cardiovascular and respiratory systems, abdomen and thyroid. Offer additional
     investigations and procedures e.g. additional fetal surveillance to monitor fetal growth
     restriction if a low PAPP-A is identified, thyroid function testing, cervical screening,
   - Blood pressure (refer for urgent obstetric review if hypertensive) Hypertension in
     Pregnancy (Pre-Eclampsia & Eclampsia)
   - Review model of care assigned by booking midwife following physical assessment
     and refer to obstetric care as required
   - BMI if not recorded
   - Cervical screening

3. Discuss and offer investigations
   - Offer second trimester Maternal Serum Screening if no first trimester aneuploidy
     screening done
   - Provide referral for second trimester ultrasound for fetal number and morphology and
     placental location – consider uterine artery Doppler measurement at this ultrasound
     in the presence of maternal risk factors for fetal growth restriction
   - Influenza vaccination

4. Provide education and information
   - As required

   - Document physical check
   - Amend management plan if required
   - Print visit summary and put in VMR ( VMO document in VMR)
Midwife or Doctor  20-22 weeks
(Hospital or community visit if shared care or VMO)

1. Review history
   - Health and wellbeing assessment
   - Review results of investigations ordered at the last visit
   - Confirm EDB
   - Offer smoking cessation and substance misuse advice and support if applicable
   - Follow up referrals from previous visit

2. Physical assessment
   - Blood pressure *(refer for urgent obstetric review if hypertensive)* Hypertension in Pregnancy (Pre-Eclampsia & Eclampsia)
   - Urinalysis if BP is elevated
   - Abdominal palpation to estimate fetal growth (Symphysis-fundal height (SFH) measurement not required until 24 weeks)
   - Consider urinalysis if suspicion of UTI or in the presence of elevated blood pressure
   - Discuss diet and exercise recommendations for pregnancy
   - Measure maternal weight

3. Discuss and offer investigations advise to have 1 week prior to next visit (28 weeks)
   - Gestational diabetes testing (Oral Glucose Tolerance Test), full blood examination (FBE) and ferritin level if low at booking
   - Blood group and antibodies

4. Provide education and information
   - Rh (D) immunoglobulin 625 IU (if Rhesus D negative)
   - Confirm booking for childbirth education
   - Influenza vaccination
   - Pertussis vaccination – recommended between 20-32w
   - Discuss and offer ‘Your baby’s movements matter’ consumer information

   - Amend management plan if required
   - Print visit summary and put in VMR (GP or VMO document in VMR)
Midwife or Doctor  28 weeks
(Hospital or community visit if shared care or VMO)

1. Review history
   - Health and wellbeing assessment
   - Review results of investigations ordered at the last visit (OGTT, blood group and antibodies, FBE)
   - Offer smoking cessation and substance misuse support and advice if applicable

2. Physical assessment
   - Blood pressure (referral for medical review if hypertensive) Hypertension in Pregnancy (Pre-Eclampsia & Eclampsia)
   - Urinalysis if BP is elevated
   - Enquire about fetal movements Decreased Fetal Movements
   - Auscultate the fetal heart rate
   - Perform abdominal palpation Abdominal Examination/ Palpation
   - Check SFH against previous measurements noting growth trajectory and SFH measurement against gestation – refer for obstetric review if growth trajectory has slowed and/or SFH is equal to or more than 2cm below gestation Management of the Small for Gestational Age or Growth Restricted Fetus
   - Measure maternal weight

3. Discuss and offer investigations
   - Review pathology results for blood group and antibody screen
   - If the woman is Rhesus D negative, offer and administer Rh (D) immunoglobulin Anti-RH (D) Immunoglobulin Antenatal and Post Natal Administration
   - Review OGTT result and refer to diabetes clinic if required
   - Check immunization status for influenza and pertussis
   - Consider and discuss iron supplementation if haemoglobin is low Iron Deficiency Anaemia in Pregnancy, Intrapartum and Postpartum
   - Order ultrasound for fetal growth surveillance for 32 weeks if indicated on clinical assessment or documented in management plan. Follow up appointment should be with senior obstetric staff to review ultrasound report Management of the Small for Gestational Age or Growth Restricted Fetus

4. Provide education and information
   - Gestational diabetes education as required
   - Your baby’s movements matter
• Recommend pertussis vaccine for parents and others who may be in contact with the baby within the first 3 months of life

<table>
<thead>
<tr>
<th>Second trimester information as appropriate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your baby’s movements matter</td>
</tr>
<tr>
<td>Rh(D) consumer information if required</td>
</tr>
</tbody>
</table>

   • Amend management plan if required
   • Print visit summary and put in VMR (GP or VMO document in VMR)

**Midwife or Doctor  ** 32 weeks
(hospital or community visit if shared care or VMO)

1. Review history
   • Health and wellbeing
   • Review results of investigations ordered at the last visit including OGTT, fetal growth
   • Offer smoking cessation and substance misuse support and advice if applicable
   • Follow up referrals from previous visit

2. Physical assessment
   • Blood pressure *(referral for medical review if hypertensive)* Hypertension in Pregnancy (Pre-Eclampsia & Eclampsia)
   • Urinalysis if BP is elevated
   • Check immunization status for influenza and pertussis
   • Enquire about fetal movements Decreased Fetal Movements
   • Auscultate the fetal heart rate
   • Perform abdominal palpation Abdominal Examination/ Palpation
   • Check SFH against previous measurements noting growth trajectory and SFH measurement against gestation – refer for obstetric review if growth trajectory has slowed and or SFH is > 2cm less than gestation Management of the Small for Gestational Age or Growth Restricted Fetus
   • Measure maternal weight

3. Discuss and offer investigations
   • Full blood examination (FBE) if low at 28 weeks

4. Provide education and information
   • Rh (D) immunoglobulin 625 IU (if Rhesus D negative)
• Confirm booking for childbirth education
• Influenza vaccination
• Offer ‘Your baby’s movements matter’ consumer information and encourage women not to delay contacting Women’s Health Unit if they experience concern about a change in their baby’s pattern of movements.

• Update management plan if required
• Print visit summary and put in VMR (GP or VMO document in VMR)

Midwife or Doctor 34 weeks
(hospital or community visit if shared care or VMO)

1. Review history
• Health and wellbeing assessment
• Review results of investigations ordered at the last visit
• Offer smoking cessation and substance use advice and support if applicable
• Follow up referrals from previous visit

2. Physical assessment
• Blood pressure (referral for medical review if hypertensive) Hypertension in Pregnancy (Pre-Eclampsia & Eclampsia)
• Urinalysis if BP elevated
• Enquire about fetal movements Decreased Fetal Movements
• Auscultate the fetal heart rate
• Perform abdominal palpation Abdominal Examination/ Palpation
• Check SFH against previous measurements noting growth trajectory and SFH measurement against gestation – refer for obstetric review if growth trajectory has slowed and or SFH is > 2cm less than gestation Management of the Small for Gestational Age or Growth Restricted Fetus
• Measure maternal weight

3. Discuss and offer investigations
• Full blood examination (FBE) if haemoglobin was low at 28 weeks to be done prior to 36 week visit
• Advise and offer Rh (D) immunoglobulin 625 IU if Rhesus D negative Anti-RH (D) Immunoglobulin Antenatal and Post Natal Administration
• Order ultrasound for fetal growth surveillance for 36 weeks if indicated on clinical assessment or documented in management plan. Follow up appointment should be
Management of the Small for Gestational Age or Growth Restricted Fetus

- Order ultrasound for placental location if low on second trimester scan Management of Placenta Praevia Placenta Accreta and Vasa Praevia

4. Provide education and information

- GBS screening for 36 weeks
- Infant feeding
- Your baby’s movements matter - encourage women not to delay contacting Women’s Health Unit if they experience concern about a change in the pattern of their baby’s movements.
- Postnatal mental health
- Reducing the risks of Sudden Infant Death Syndrome (SIDS) and Sudden Unexpected Death in Infancy (SUDI)
- Discuss birth planning

<table>
<thead>
<tr>
<th>Third trimester information as appropriate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your baby’s movements matter</td>
</tr>
<tr>
<td>Rh(D) consumer information if required</td>
</tr>
<tr>
<td>Your baby’s hearing screen</td>
</tr>
<tr>
<td>Water birth information and consent</td>
</tr>
<tr>
<td>Keeping your baby safe in hospital</td>
</tr>
</tbody>
</table>


- Update management plan if required
- Print visit summary and put in VMR (GP or VMO document in VMR)
Midwife or Doctor  36 weeks
(senior obstetric doctor if woman has chosen shared care or has had a previous caesarean section)

1. Review history
   - Health and wellbeing assessment
   - Review results of investigations ordered at the last visit (including growth scan if applicable)
   - Offer smoking cessation and substance misuse support if applicable
   - Follow up referrals from previous visit

2. Physical assessment
   - Blood pressure (referral for medical review if hypertensive) Hypertension in Pregnancy (Pre-Eclampsia & Eclampsia) and consider need for urinalysis
   - Enquire about fetal movements Decreased Fetal Movements
   - Auscultate the fetal heart rate
   - Perform abdominal palpation Abdominal Examination/ Palpation
   - Check SFH against previous measurements noting growth trajectory and SFH measurement against gestation – refer for obstetric review if growth trajectory has slowed and or SFH is > 2cm less than gestation Management of the Small for Gestational Age or Growth Restricted Fetus
   - If breech presentation is suspected, refer for obstetric review Indication for Antenatal Ultrasound External Cephalic Version Vaginal Breech Birth
   - Measure maternal weight

3. Discuss and offer investigations
   - If fetal growth restriction is suspected discuss optimal time of birth to reduce risk of stillbirth and consider additional surveillance to ensure fetal wellbeing prior to proposed gestation for birth Management of the Small for Gestational Age or Growth Restricted Fetus
   - Offer perianal swab for group B streptococcus (GBS) screening unless planning an elective caesarean section or history of GBS bacteriuria in current pregnancy or previous baby with invasive GBS Group B Streptococcus
   - Advise and offer Rh (D) immunoglobulin 625 IU if Rhesus D negative and not given at 34 week visit

4. Provide education and information
   - GBS screening
   - Infant feeding
   - Vitamin K and Hepatitis B for baby
Clinical Practice Guideline  
**Routine pregnancy care**  
**Women’s Health**

- Your baby’s movements matter - encourage women not to delay contacting Women’s Health Unit if they experience concern about a change in the pattern of their baby’s movements.
- Postnatal mental health
- Reducing the risk of SIDS and SUDI
- Discuss birth planning (sign water birth consent if the woman is planning to birth in water). [Water Birth / Immersion in Water During Labour and Birth](#)
- Keeping your baby safe in hospital

- Update management plan if required

Print visit summary and put in VMR (VMO document in VMR)

### Midwife or Doctor  
**38 weeks**  
(hospital or community visit if shared care or VMO)

1. Review history
   - Health and wellbeing assessment
   - Review results of investigations ordered at the last visit (*including growth scan if applicable*)
   - Offer smoking cessation and substance misuse advice and support if applicable
   - Follow up referrals from previous visit

2. Physical assessment
   - Blood pressure (*referral for medical review if hypertensive*) [Hypertension in Pregnancy (Pre-Eclampsia & Eclampsia)](#)
   - Urinalysis if BP is elevated
   - Enquire about fetal movements [Decreased Fetal Movements](#)
   - Auscultate the fetal heart rate
   - Perform abdominal palpation [Abdominal Examination/ Palpation](#) note liquor volume, fetal lie, and ask if the woman feels her baby is growing
   - Check SFH against previous measurements noting growth trajectory and SFH measurement against gestation – refer for obstetric review if growth trajectory has slowed and or SFH is > 2cm less than gestation [Management of the Small for Gestational Age or Growth Restricted Fetus](#)
   - If breech presentation is suspected refer for obstetric review [Indication for Antenatal Ultrasound Vaginal Breech Birth](#)
3. Discuss and offer investigations

- If fetal growth restriction is suspected discuss optimal time of birth to reduce risk of stillbirth and consider additional surveillance to ensure fetal wellbeing prior to birth
- Offer perianal swab for Group B Streptococcus (GBS) screening unless planning an elective caesarean section or previously identified indication for GBS prophylaxis (GBS bacteriuria or previous baby with invasive GBS)
- Discuss management of prolonged pregnancy and recommend earlier surveillance in women of South Asian ethnicity

4. Provide education and information

- Discuss GBS results and implications for birth
- Infant feeding
- Discuss postnatal check and contraception planning
- Your baby’s movements matter - encourage women not to delay contacting Women’s Health Unit if they experience concern about a change in the pattern of their baby’s movements.
- Discuss birth planning (sign water birth consent if the woman is planning to birth in water)
- Keeping your baby safe in hospital


- Update management plan if required
- Print visit summary and put in VMR (GP or VMO document in VMR)
Midwife or Doctor  
39-40 weeks
(hospital or community visit if shared care or VMO)

1. Review history
   - Health and wellbeing assessment
   - Review results of investigations ordered at the last visit *(including growth scans if applicable)*
   - Offer smoking cessation and substance misuse advice and support if applicable
   - Follow up referrals from previous visit

2. Physical assessment
   - Blood pressure *(referral for medical review if hypertensive)* Hypertension in Pregnancy (Pre-Eclampsia & Eclampsia)
   - Urinalysis if BP is elevated
   - Enquire about fetal movements Decreased Fetal Movements
   - Auscultate the fetal heart rate
   - Perform abdominal palpation Abdominal Examination/ Palpation note liquor volume, fetal lie and ask if the woman feels her baby is growing
   - Check SFH against previous measurements noting growth trajectory and SFH measurement against gestation – refer for obstetric review if growth trajectory has slowed and or SFH is > 2cm less than gestation regardless of station of the fetal head Management of the Small for Gestational Age or Growth Restricted Fetus
   - If breech presentation is suspected refer for obstetric review Indication for Antenatal Ultrasound Vaginal Breech Birth
   - Measure maternal weight
   - Offer vaginal examination and ‘stretch and sweep’ 5 Prolonged pregnancy

3. Discuss and offer investigations
   - If fetal growth restriction is suspected discuss optimal time of birth (ideally prior to 40 weeks) to reduce risk of stillbirth and consider additional surveillance to ensure fetal wellbeing if the woman declines induction of labour Management of the Small for Gestational Age or Growth Restricted Fetus
   - Arrange postdates fetal surveillance Prolonged pregnancy

4. Provide education and information
   - Discuss management of prolonged pregnancy - recommend earlier surveillance in women of South Asian ethnicity
   - Infant feeding
### Clinical Practice Guideline

**Routine pregnancy care**  
**Women’s Health**

- Your baby’s movements matter - encourage women not to delay contacting Women’s Health Unit if they experience concern about a change in the pattern of their baby’s movements.
- Discuss birth planning (sign water birth consent if the woman is planning to birth in water) [Water Birth / Immersion in Water During Labour and Birth](#)


- Update management plan if required
- Print visit summary and put in VMR (GP or VMO document in VMR)

### Midwife or Doctor  
**41-42 weeks**  
(senior obstetric doctor if woman has chosen shared care)

#### 1. Review history

- Health and wellbeing assessment
- Review results of investigations ordered at the last visit *(including postdates fetal surveillance AFI and CTG)*
- Offer smoking cessation and substance misuse advice and support if applicable
- Follow up referrals from previous visit

#### 2. Physical assessment

- Blood pressure *(referral for medical review if hypertensive)* [Hypertension in Pregnancy (Pre-Eclampsia & Eclampsia)](#)
- Urinalysis if BP elevated
- Enquire about fetal movements [Decreased Fetal Movements](#)
- Auscultate the fetal heart rate
- Perform abdominal palpation [Abdominal Examination/ Palpation](#) note liquor volume and ask if the woman feels her baby is growing
- Check SFH against previous measurements noting growth trajectory and SFH measurement against gestation – refer for obstetric review if growth trajectory has slowed and or SFH is >2cm less than gestation regardless of station of the fetal head [Management of the Small for Gestational Age or Growth Restricted Fetus](#)
- If breech presentation is suspected refer for urgent obstetric review [Indication for Antenatal Ultrasound Vaginal Breech Birth](#)

#### 3. Discuss and offer investigations

- Offer vaginal examination ‘stretch and sweep’ [Prolonged pregnancy](#)

#### 3. Discuss and offer investigations

- Offer vaginal examination for Bishop Score and stretch and sweep
### Clinical Practice Guideline
#### Routine pregnancy care

<table>
<thead>
<tr>
<th>Department</th>
<th>Women’s Health</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Offer induction of labour between 41.3 and 42 weeks</strong></td>
<td><strong>Induction of Labour Indications and Booking Process</strong></td>
</tr>
<tr>
<td><strong>Organize ultrasound and CTG for fetal surveillance at 41.3 weeks</strong></td>
<td><strong>Prolonged pregnancy</strong></td>
</tr>
<tr>
<td><strong>If the woman declines induction of labour and wishes her pregnancy to continue beyond 42 weeks, refer to obstetric care for ongoing fetal surveillance (twice weekly CTG and AFI) and birth planning</strong></td>
<td></td>
</tr>
</tbody>
</table>

4. **Provide education and information**

- Your baby’s movements matter - encourage women not to delay contacting Women’s Health Unit if they experience concern about a change in the pattern of their baby’s movements.
- Discuss birth planning (sign water birth consent if the woman is planning to birth in water) **Water Birth / Immersion in Water During Labour and Birth**

5. **Document in BOS – ‘Antenatal Visit’ tab**

- Update management plan if required
- Print visit summary and put in VMR (VMO document in VMR)

### Key Aligned Documents
- Abdominal Examination / Palpation
- Aboriginal Healthy Start to Life
- Adoption
- Advanced Maternal Age
- Anti-RH (D) Immunoglobulin Antenatal and Post Natal Administration
- Collection of Urine Specimens
- Continuity of Care Experience (COC) for Midwifery Students
- Decreased Fetal Movements
- Diabetes in pregnancy
- Family Violence Response and Referral
- Fetal Diagnostic Service
- Group B Streptococcus
- Healthy Mothers Healthy Babies Service Guide
- Hypertension in Pregnancy (Pre-Eclampsia & Eclampsia)
- Indication for Antenatal Ultrasound
- Induction of Labour Indications and Booking Process
- Intrauterine Fetal Death and Stillbirth
- Iron Deficiency Anaemia in Pregnancy, Intrapartum and Postpartum
Management of a woman with BMI > 35 in pregnancy
Management of Placenta Praevia Placenta Accreta and Vasa Praevia
Management of the Small for Gestational Age or Growth Restricted Fetus
Management of Vulnerable Babies, Children, and Young People at Risk of Harm
Models of Antenatal Care Referral Criteria for Obstetric Review
Nausea and Vomiting in pregnancy
Peninsula Health Guide to Antenatal Ultrasound Assessment
Perinatal Mental Health
Pre-labour Rupture of Membranes at Term
Prenatal Screening Tests
Prolonged pregnancy
QUIT services guide
Supervision of Students (Nursing, Midwifery and Paramedicine) During Clinical Placement
Surrogacy
Vaginal Birth After Caesarean (VBAC)
Vaginal Breech Birth
Vitamin D Deficiency in Pregnancy & Breastfeeding
Water Birth / Immersion in Water During Labour and Birth
Adoption Act 1984 (Vic)
Assisted Reproductive Treatment Act 2008 (Vic)
Births, Deaths and Marriages Registration Act 1996 (Vic)
Status of Children Act 1974 (Vic)

Evaluation
Regular document revision, revision of incidents and near misses identified at incident review committee and / or review of relevant VHIMS/RiskMan Reports.

References


Membrane sweeping at term to promote spontaneous labour and reduce the likelihood of a formal induction of labour for postmaturity: a systematic review and meta-analysis