

GP Share Care Information

Routine Antenatal Pathology

1st Trimester (Booking in)

- Full Blood Count
- Blood Group Antibodies
- Blood Group
- Hepatitis B
- Hepatitis C (if at risk)
- HIV
- Syphilis
- Rubella
- Mid Stream Urine

- 26 –28 weeks - Glucose Screen (GS) -if high result follow-up with Glucose Tolerance Test (GTT)
- Blood Group Antibodies for women with negative blood groups only
 - Full Blood Count

- 34 weeks
- Full Blood Count
 - Blood Group Antibodies

Ultra Sound Scans

18 – 20 weeks – routine USS for dates, morphology and placenta location (if low lying placenta rescan at 32 weeks). Also, all 36 week follow-up visits are to have an ultrasound in ANC to confirm the lie of the fetus.

Routine Antenatal Visits

Booking-in interview with midwife at 12 weeks

Consultant visits at 14 – 16 weeks

If share caring with a GP the woman will be asked to return at the following times providing there are no complications: **36 weeks** and **41 weeks**. All other visits are with the GP. All women are to have an ultrasound in ANC at 36 weeks to confirm the lie of the fetus.

Midwives Clinic: If woman is approved for the midwives clinic all visits are with a midwife. Women in the Midwives Clinic will be reviewed by a **consultant/registrar** at and **41 weeks**. All midwife clinic women are to be reviewed by consultant or registrar when referred back to medical clinic.

Confirm final EDC at the 36-week visit with the Team Obstetric Consultant.

Hepatitis B Consent

Where possible, women are requested to consent to their baby having hepatitis B immunisation prior to being discharged postnatally.

Rhesus Negative

All women who have a rhesus negative blood group are offered prophylactic Anti-D at 28 and 34 weeks. Women are consented for prophylactic Anti-D by the Obstetrician at the first doctor's visit. Antibody blood tests are required within 5 days of appointment for Anti-D injection

At Risk Patients

CVS - 11-13 weeks

Nuchal Translucency Ultrasound -11-13.week plus 6 days and First Trimester Serum Screening **Triple Test** 16-18 weeks (or outer limits 15-20 weeks)

Amniocentesis -16 weeks

First Trimester Serum Screen + maternal age– detects trisomy (T) 13, 18, 21, 46XO Turner syndrome; for T21 detection = 63%, screen positive rate = 5.5% (but free β hCG may not be \uparrow until 12 weeks (W) & PAPP-A loses its discriminatory value after 13W.

NB Careful timing of the test and assignment of gestational age is essential.

T13 & T18 - \downarrow free β hCG & PAPP-A

46XO – free β hCG = unchanged; PAPP-A = \downarrow

Nuchal Translucency (NT) Screening

Detects T13,18,21,46XO, congenital heart disease & wide range of congenital anomalies, rare genetic syndromes.

Done at 11 to 13.6 W (Crown Rump length = 45 to 84mm)

Above biochemical markers + NT increases detection rates ie maternal age + 1st trimester serum screening + NT \rightarrow 85-90% detection rate T21; 5% screen +ve rate

Increased NT in 1st trimester mandates detailed fetal ultrasound (USS) + karyotype

Second Trimester Serum Triple Test (α - fetoprotein, hCG, unconjugated oestriol)

Detects T18,21: Done best 16-18 weeks (outer limits = 15-20W)

Identifies 60% T21 with 5% screen-+ve rate. In Women >35 years old detects 75% or more T21.

(Please send copies of all investigation results to ANC).