
Antenatal care during pregnancy

Your health before and during pregnancy can have a lifelong impact on your baby's health. For this reason, antenatal care should begin before you become pregnant.

The purpose of antenatal care is to improve the health and wellbeing of both you and your baby before birth.

Seek help to change things that can harm your baby such as drinking alcohol, smoking, and using recreational drugs.

If you are in an abusive relationship it is very important that you find a professional whom you trust to help you.

Check with your doctor and discuss the following questions:

- How is my physical and mental health?
- Is now a good time to become pregnant?
- How will the outcome of my previous pregnancy affect this pregnancy?
- Are my vaccinations up to date?
- Do I have any medical conditions that could affect my pregnancy?
- Am I taking any drugs or medications that are unsafe during pregnancy?
- Is there any family medical history of genetic conditions that need further investigation?

Your first antenatal appointment or booking visit



Once you are pregnant, your first antenatal appointment or 'booking visit' will ideally take place when you are about 6 to 8 weeks pregnant. Your doctor or midwife will do a thorough

health assessment including taking a medical history and family history as well as examining you to identify any conditions or circumstances that may be relevant to your pregnancy. You will have the opportunity to ask questions, discuss any concerns, and express your personal wishes and ideas.

Your doctor or midwife will discuss the model of care and your pregnancy pathway with you. The model of care will include:

- who will be your lead maternity carer
- where you will receive your antenatal care and with whom
- the planned schedule or number of antenatal visits
- where you will give birth
- your options for antenatal education or classes



Your pregnancy pathway and antenatal visits will be based on your individual needs. Most women have uncomplicated pregnancies, so generally they will have between eight and ten antenatal appointments during the course of their pregnancy.

Some women might have more complicated or high-risk pregnancies, meaning that there is a risk that their health might be affected by the pregnancy or there is a risk to their baby. These women may require additional antenatal visits and testing to monitor the health and wellbeing of both mother and baby.

It may be difficult to tell at the start of pregnancy whether risks of complications will develop, so it is important to be flexible if things change.

Routine tests and screening

Your doctor or midwife will talk to you about the tests that are recommended during your pregnancy.

Screening tests are offered to all pregnant women to assess the chance of you or your baby having a particular health problem or condition. They are usually simple tests (for example, a blood test, ultrasound scan, or questionnaire). These tests will help determine whether further tests are required. Some screening tests are offered to all women, and some are only offered if you might be at risk of a particular infection or condition.

Blood tests

Blood group and antibody testing – it is important to know your blood group and whether you are blood group Rhesus negative or positive. Women who are Rhesus negative may need extra care to prevent haemolytic disease of the newborn. Antibody testing needs to be done for each pregnancy.

Anaemia – it is common for women to develop iron deficiency during pregnancy. It is important to assess your haemoglobin level as part of a full blood examination, so you can receive treatment if anaemia is found.

Screening for infections – you will be offered a test for infections that can affect you and your baby, such as syphilis, rubella, hepatitis B, hepatitis C and HIV.

Urine tests

Testing your urine may identify a bacterial infection or kidney disease. Your urine may also be tested for protein, sugar or blood, which may be repeated throughout your pregnancy.

You will be given information and clear explanations about the recommended tests so that you can make an informed choice in partnership with your doctor or midwife. You will usually be able to get the results at your next visit. If any health problems are found, you will be contacted as soon as possible so you can be given advice and care.

Ultrasound

Most women will have at least one ultrasound scan during their pregnancy. Ultrasound is used during pregnancy to check the baby's development, the presence of a multiple pregnancy, to determine when your baby is due, and to help detect any fetal conditions. Ultrasound is non-invasive, so there are no risks of miscarriage or harm to the baby.

Genetic Tests

You will be given information about screening for various fetal conditions including genetic conditions such as Down syndrome. Diagnostic tests are the follow-on tests carried out to find out whether your baby does have a particular condition. Common diagnostic tests are amniocentesis or chorionic villus sampling (CVS).

More information about diagnostic tests can be found on the RANZCOG website under Patient Information.

Ongoing antenatal care

From around 24 weeks of pregnancy, your antenatal appointments will usually become more frequent. During each antenatal visit, your doctor or midwife will check the wellbeing of you and your baby, and provide you with information and support.

A routine pregnancy examination includes the position and size of the baby, listening to the baby's heartbeat and checking your blood pressure. Further blood and urine tests may be required,

particularly at around 26 to 28 weeks of pregnancy, when you will be offered a test for gestational diabetes and another full blood examination.



Throughout your pregnancy, your doctor or midwife will conduct an ongoing assessment of any condition or circumstances that are relevant to your pregnancy to ensure the best outcome for you and your baby.

It is a good time to talk about any concerns you may have about your pregnancy or the birth. Many women experience some of the common pregnancy symptoms or complaints such as nausea and vomiting, heartburn, backache and constipation. If these are causing ongoing discomfort you may wish to discuss them, or ask questions about lifestyle considerations such as working during pregnancy, diet and nutrition, exercise, food acquired infections, smoking, alcohol or travel during pregnancy.

Further information regarding these topics can be found on the RANZCOG website under Patient Information. Good communication between you and your doctor or midwife is essential.

Report to your doctor or midwife

- any vaginal bleeding
- ruptured membranes, or if you suspect your 'waters have broken'
- decreased or no fetal movements
- severe constant pain [Antenatal-care-during-pregnancy-RANZCOG pamphlet](#)
- severe headache or blurred vision
- abdominal trauma such as a fall, car accident or blow to your abdomen