Purpose

- To describe the frequency of visits recommended /care to be provided at each antenatal visit at KEMH

Procedure

<table>
<thead>
<tr>
<th>PROCEDURE</th>
<th>ADDITIONAL INFORMATION</th>
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</thead>
<tbody>
<tr>
<td>1 Triage of referrals</td>
<td>This ensures the woman is offered the most appropriate model of care. See Clinical Guidelines</td>
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<tr>
<td><strong>2</strong> The midwife conducts the first antepartum visit establishing and recording key facts regarding the woman’s general health and obstetric history, and discussing options of care.</td>
<td>The first point of contact for the pregnant woman with the health team and maternity services should be the midwife. This will assist in the rapid identification of problems and provide criteria for appropriate decisions regarding the model of care the woman is eligible for.</td>
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<td><strong>2.1</strong> Where there are no risk factors the woman is informed of and offered care through the:</td>
<td>Women in areas where continuity of caregiver was available valued this option of care.¹</td>
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<tr>
<td>- Midwifery Group Practice/Family Birth Centre (MGP/FBC)</td>
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<tr>
<td>- Midwifery Group Practice/Hospital (MGP/Hospital)</td>
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<tr>
<td>- Midwives Clinic</td>
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<tr>
<td>- Community Midwifery Program (CMP) including Hospital model</td>
<td></td>
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<tr>
<td>- General Practitioner (GP) share</td>
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<tr>
<td>PROCEDURE</td>
<td>ADDITIONAL INFORMATION</td>
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<tr>
<td>2.2 Where problems are identified, these are to be discussed with the clinical obstetrician and plans of care, including the model of care, are documented.</td>
<td>This ensures the woman’s care is tailored to her specific needs. In addition to continuity of caregiver, women value time spent personalising each encounter in antenatal care.²</td>
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<tr>
<td>3 Women accepted to the MGP/FBC, MGP/Hospital, Midwives Clinic or CMP continue with this model of care until postpartum discharge. If deviations from normal occur women are to be referred to the FBC GP or Medical team and a plan of care will be made. This may include the midwife continuing care in collaboration with the medical team. Midwives in consultation with the woman in EWC, may elect to provide shared antenatal care with the woman’s GP.</td>
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<tr>
<td>4 Additional visits should be provided if women or their health care providers perceive a need or as complications arise.</td>
<td>See Midwifery Care Flowchart on next page.</td>
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<td>5 Following transfer home from hospital after the birth, the Visiting Midwifery Service (VMS) visits women daily until the fifth day or longer if required. Where the midwife is not satisfied with the woman’s progress at home, referral to the woman’s GP or KEMH Emergency Centre is made.</td>
<td></td>
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</tbody>
</table>
Midwifery Care Flow Chart - EWC

Referrals triaged by Senior Registered Midwife

Initial booking visit by midwife in EWC or via telehealth

Team consultant or Clinical Midwife reviews woman’s medical record

Low Risk Midwifery Care

14-16 weeks
Midwifery care

18-20 weeks
GP care

24-26 weeks
Midwifery care

28-30 weeks
Midwifery care

32-33 weeks
Midwifery care

36 weeks
Midwifery care

*38 weeks
Midwifery care

*40 weeks
Midwifery care to assess for induction of labour

*41 weeks
If woman declines IOL this visit should be in MFAU for US/CTG and medical review

Post-partum transfer Home:
• 4-23 hours for all women with no complications

VMS visit as required to Day 5 with further follow-up as required

*All women who Do Not Attend (DNA) their antenatal appointment at 40 weeks MUST be contacted by telephone and advised to attend MFAU that day for review. A record of this conversation will be documented in the woman’s medical notes.
References and resources


Related WNHS policies, procedures and guidelines

KEMH Clinical Guidelines:

Community Midwifery Program (CMP): CMP Antenatal Care- Initial Visit

Obstetrics & Gynaecology:

- Exclusion Criteria for Midwifery Group Practice in the Family Birth Centre
- Pregnancy Beyond 41 weeks: Management of and Pregnancy Beyond 41 weeks gestation: Midwifery Assessment

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NSQHS Standards (v2) applicable: 1 Governance, 6 Communicating, 8 Recognising & Responding to Acute Deterioration

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