Pregnancy Checklist

Decide on where and how you wish to have your child—do you wish to be looked after privately or publicly? Do you wish to be looked after by a midwife, general practitioner (GP) or obstetrician? Mental health screening during and after pregnancy is recommended for all. Depression and anxiety are common and can cause problems both during pregnancy and after baby is born. R u ok? Do you feel safe at home and work? When was your last Cervical Screening Test (Pap Smear)? It is recommended that it is up to date. The following are recommended: Full Blood Count; Blood Group & antibodies; Ferritin (iron stores); Rubella immunity, Hepatitis B, Hepatitis C, HIV & syphilis serology & a urine test for kidney disease & infections. If you have a high risk of diabetes, you are advised to have an early glucose tolerance test or HbA1c. Chicken Pox, thyroid, chlamydia, or vitamin D levels may be recommended, depending upon your history. Supplements of folate (0.5 mg - 5 mg depending upon risk) & iodine (150 mcg) are recommended. Reliable information on safe use of drugs and alcohol, diet, exercise, and lifestyle activities in pregnancy can be found on www.matermothers.org.au/journey www.pregnancybirthbaby.org.au www.raisingchildren.net.au/pregnancy Smoking during pregnancy is associated with significant health problems and if you are a smoker, we would like to work with you to help you to stop during this pregnancy. www.quitnow.gov.au You should stop drinking alcohol because it can hurt you and your baby. If you are having difficulty stopping, we would like to work with you on this important change. Resources are available www.nofasd.org.au/alcohol-andpregnancy/resources/support-for-parents/ Other drugs may also be harmful, so let's talk. It is recommended that you are up to date with COVID vaccinations and that you have an influenza vaccine as soon as they are available. These vaccines can be safely given at any time in your pregnancy. These vaccines are free*. A dating, viability or position scan may be recommended at least 6 weeks after your last normal period. There is a blood test and an ultrasound test that can be done between 11 and 13 weeks of pregnancy which calculates your chance of having a child with genetic conditions including Down Syndrome, as well as confirming how many weeks pregnant you are and baby's anatomy. The non-invasive prenatal test (NIPT) can be done from 10 weeks of pregnancy and it gives information about a limited range of chromosomal abnormalities, including Down Syndrome. NIPT is not covered by Medicare and costs ~ \$400. Carrier screening can be done once in your life to see if you are a carrier of fragile X, Spinal Muscular Atrophy, or cystic fibrosis (Medicare funds this test), with extended carrier screening able to be done at extra cost. An ultrasound test, the morphology scan, is recommended and usually done at or after 20 weeks of pregnancy to check on the position of the placenta, anatomy, growth & development of the baby. A free* whooping cough booster from 20 weeks' gestation is recommended in every pregnancy, even if the pregnancies are less than two years apart. Go and see your midwife or doctor for the results of any blood tests or ultrasound scans as soon as practical after the test. Don't just assume everything is OK if you have not been contacted. Get a paper copy for your hospital. If you have a Rhesus negative blood group, you should have an AntiD injection if you have vaginal bleeding during pregnancy and routinely at 28 and 34 weeks. If you have any vaginal bleeding, it's very important that you let us know ASAP. Most Rh-negative women who bleed in pregnancy require an injection within 72 hours of the bleeding starting. This significantly reduces the risk developing antibodies which could harm your baby. At 26-28 weeks, your blood count and blood group antibodies are checked again, and a glucose tolerance test is recommended, unless you already have diabetes. Ferritin and syphilis testing may be recommended. Visits are generally recommended every four weeks from week 12 until 28 weeks, every three weeks until 34 weeks and every two weeks until 40 weeks, with follow up at 41 weeks if you have not yet had your baby. If you have special needs or other health concerns, you may be asked to come in more often or you can choose to be seen more often. A blood test for anaemia is recommended at 36 weeks. Ferritin and syphilis testing may be recommended. If you choose to have Shared Antenatal Care with your GP, you will usually have a hospital booking in appointment at 16-20 weeks (earlier if you are at higher risk) and a review appointment at 36 weeks. How do you plan to feed your baby? Breastfeeding support is available from www.breastfeeding.asn.au

^{*}There may be a fee to see your GP