

Add patient sticker here

BMI between 30 – 34.9

| GESTATION | PURPOSE OF VISIT | INITIAL WHEN COMPLETE | CLINICIAN | LOCATION |
|---|--|-----------------------|-------------------|--------------------------------|
| 6-10 | Booking history | | Community Midwife | Community Midwife Clinic (CMC) |
| | Complete Mental Health screening/HAD's | | | |
| | Offer Booking Bloods | | | |
| | Discuss Breast Feeding | | | |
| | Give Anomaly/Screening information | | | |
| | Complete VTE Risk Assessment | | | |
| | Take MSSU | | | |
| | Advise 10mcg of Vitamin D (multivitamin supplement) | | | |
| | 5mg Folic Acid | | | |
| | Lifestyle programme | | | |
| Initial Pathway filed in the health care records & discussed with Patient | | | | |
| 11-13 | Dating scan and NT with consent | | Sonographer | Maternity Outpatients (MOP) |
| | Booking and Screening Bloods | | MOP Midwife | |
| | Generate GROW chart | | | |
| | Offer Chlamydia Screening if under 25 years of age | | | |
| | Arrange GTT | | | |
| 16-18 | Antenatal Examination | | Community Midwife | CMC |
| | Offer Quadruple test if could not have NT | | | |
| | Inform women of Blood results and document on Sigma and handheld records | | | |
| 18-20 | Anomaly Scan | | Sonographer | MOP |
| | Obstetric review if indicated | | Obstetric Team | |
| 25 First Pregnancy only | Antenatal assessment Mat B1 | | Community Midwife | CMC |
| 28 | Antenatal assessment | | Community Midwife | CMC |
| | Complete Mental Health screening/HAD's | | | |
| | FBC and Antibody screening | | | |
| | Mat B1 (multiples) | | | |
| | Discuss Breast Feeding | | | |
| | Plot Symphysis Fundal Height (SFH) on GROW chart | | | |
| | Anti D if required | | MOP Midwife | MOP |
| GTT in required | | HCA | | |
| 30 | Antenatal Assessment | | Community Midwife | CMC |
| | Plot SFH on GROW chart | | | |
| 34 | Antenatal Assessment | | Community Midwife | CMC |
| | Complete Mental Health screening/HAD's | | | |
| | Birth Plan | | | |
| | Plot SFH on GROW chart | | | |
| | Arrange MRSA screening if booked for EL LSCS | | | |

| GESTATION | PURPOSE OF VISIT | INITIAL WHEN COMPLETE | CLINICIAN | LOCATION |
|-----------|-----------------------------|-----------------------|--------------------------|------------|
| 36 | Antenatal Assessment | | Community Midwife | CMC |
| | Plot SFH on GROW chart | | | |
| 38 | Antenatal Assessment | | Community Midwife | CMC |
| | Plot SFH on GROW chart | | | |
| 40 | Antenatal Assessment | | Community Midwife | CMC |
| | Plot SFH on GROW chart | | | |
| | Offer membrane sweep | | | |
| 41 | Antenatal Assessment | | Community Midwife | CMC |
| | Plot SFH on GROW chart | | | |
| | Offer membrane sweep | | | |

THIS PATHWAY MAY BE ADAPTED TO THE NEEDS OF THE MOTHER AND HER BABY AS PREGNANCY PROGRESSES. THIS MAY INCLUDE EXTRA APPOINTMENTS AS NECESSARY.