

**Dr Susan M Horsewood-Lee**  
**MB BS MRCGP**

34 Oakley Street, Chelsea, London SW3 5NT  
Tel: 020 7352 6748 Fax: 020 7352 0645  
e-mail: [drsusan@btconnect.com](mailto:drsusan@btconnect.com)  
[www.chelseadoctor.com](http://www.chelseadoctor.com)

Weeks	Date	GP	Obstetrician	Tests
5		A/N		Fetal viability scan 6-10 weeks
9		A/N	Booking	Nuchal scan 11-13 General blood screen
12-15				CVS if indicated
16			A/N	Amniocentesis if indicated
20			A/N	Fetal anomaly scan 18-22 weeks
24		A/N		
28		A/N		
32		A/N		
34			A/N	Ultrasound growth scan
36		A/N		
38		A/N		
39			A/N	
40			A/N	
6 week check			P/N	

A/N = antenatal  
P/N = postnatal

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## RECOMMENDED SCHEDULE OF VISITS TO GP & OBSTETRICIAN

8-12 weeks (ideally before 10/40)	<p>Booking visit. Women should be referred to hospital and given information on: Down's syndrome screening, exercise, pelvic floor exercises, breastfeeding, antenatal classes, maternity benefits, smoking cessation and dietary advice including alcohol reduction, food hygiene, folic acid and vitamin D</p> <p>BMI should be calculated, BP checked and urine tested for protein</p> <p>Women should receive information about schedule of antenatal visits &amp; ultrasound scans</p> <p>Booking Bloods (including FBC, blood grouping, rhesus status and screening tests for haemoglobinopathies such as thalassaemia and sickle cell disease, red cell alloantibodies, HIV, hepatitis, syphilis and rubella immunity) and a urine culture should be sent off (to detect asymptomatic bacteriuria)</p> <p>Women under 25 should be advised about the high prevalence of chlamydia in their age group and be given information on how to be screened</p> <p>Women at high risk of pre-eclampsia and diabetes should be identified</p> <p>Mood should be assessed along with the risk of developing depression</p> <p>Information on the baby's development should be given</p>
11-13 weeks	Indirect testing for Down's syndrome, nuchal scan and blood test (if patient requests)
12-15 weeks	Chorion villus sampling if indicated
16 weeks	<p>Amniocentesis if indicated</p> <p>Information on the anomaly scan</p> <p>Review of blood test results. If Hb&lt;11g/dl, consider iron supplements</p> <p>BP and urine dipstick for protein</p>
18-20 + 6weeks	Anomaly scan. If the placenta extends across the internal cervical os, rescan at 32/40
25 weeks*	<p>Routine care: BP, urine dipstick, and symphysis-fundal height (SFH)</p> <p><i>* visit for primips only</i></p>
28 weeks	<p>Routine care: BP, urine, SFH</p> <p>Second screen for anaemia and atypical red cell alloantibodies</p> <p>If Hb&lt;10.5g/dl, consider iron supplements</p> <p>Anti-D prophylaxis to rhesus -ve women</p>
31 weeks*	Routine care as above. Review results of screening tests
34 weeks	<p>Routine care; second dose of anti-D to women who are rhesus -ve</p> <p>Specific information on preparing for the labour and birth, including birth plan</p>
36 weeks	<p>Routine care, including checking presentation of the baby (this should not be attempted before 36 weeks as examination may be inaccurate and cause anxiety).</p> <p>Any suspected malpresentation should be confirmed with ultrasound</p> <p>Specific information on breastfeeding (eg. UNICEF baby friendly initiative, <a href="http://www.babyfriendly.co.uk">www.babyfriendly.co.uk</a>), care of the new baby, vitamin K, newborn screening tests</p> <p>Teach woman about 'baby-blues' and postnatal depression</p>
38 weeks	Routine care and information leaflet regarding options for prolonged pregnancy
40 weeks*	Routine care and further discussion about options for managing prolonged pregnancy
41 weeks	Routine care: discuss labour plans and possibility of induction. Offer a membrane sweep and induction of labour. If a woman declines induction after 42 weeks, she should have increased monitoring (twice-weekly cardiotocography and use of maximum amniotic pool depth).