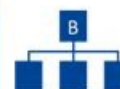


# Antenatal clinical follow-up



Level of risk



## 1<sup>st</sup> trimester 1-14 weeks

### 1<sup>st</sup> visit (longer one)

- Consider a shared medical file
- Discuss ICC and BPPE
- Identification of risk factors\*
- Schedule of appointments: 10 for 1<sup>st</sup> pregnancy or 7 in other cases\*\*
- Weight & BMI
- Blood pressure
- Proteinuria
- Information on screening for Down syndrome (NIPT) and on preventive measures for CMV & toxoplasmosis
- Haematological assessment
- Screening for infections

### Next visits

- Revise level of risk and consider referral when appropriate\* or back referral if normalisation of the risk
- Monitoring of weight gain
- Blood pressure
- From 12 weeks, Doppler auscultation of foetal cardiac rhythm (FCR) and propose the NIPT\*\*\*

Between 11 and 13 weeks 6 days  
US scan

## 2<sup>nd</sup> trimester 15-28 weeks

### At the beginning of second trimester

Urine sample for asymptomatic bacteriuria  
Discuss BPPE

### Each visit

- Revise level of risk and consider referral when appropriate\* or back referral if normalisation of the risk
- Monitoring of weight gain
- Blood pressure
- Doppler auscultation of FCR
- From 20 weeks, proteinuria
- From 24 weeks, fundal height measurement
- Consider if intermediate ICCs are needed

Between 18 and 22 weeks\*\*\*\*  
US scan

Between 24 and 28 weeks  
Gestational diabetes

## 3<sup>rd</sup> trimester 29-40 weeks

### At the beginning of third trimester

Discuss BPPE

### Each visit

- Revise level of risk and consider referral when appropriate\* or back referral if normalisation of the risk
- Monitoring of weight gain
- Blood pressure & proteinuria
- Doppler auscultation of FCR
- Fundal height measurement

### Once during the 3<sup>rd</sup> trimester

- Second detection of anaemia
- Consider performing one ultrasound

Between 32 and 34 weeks  
Refer to the last ICC

### Between 35 and 37 weeks

- Vaginal and rectal sampling for Group B Streptococcus
- From 36 weeks, Leopold maneuvers

## Pregnancies that passed their due date

No sufficient evidence for foetal surveillance by cardiotocography or US (e.g. amniotic fluid measurements, biophysical profile)

Detailed recommendations are available on KCE Website (KCE report 248)

\* If a risk factor is identified by a midwife or a GP, consider a confirmation of the risk status by a gynaecologist. If confirmed, consider additional interventions.

\*\* These appointments concern not exclusively gynaecologists but also midwives and GPs involved in the clinical follow-up of pregnancies.

\*\*\* NIPT was recommended after the publication of KCE report 248 and is added to the pathway

\*\*\*\* The second ultra sound is reimbursed by NIHD from 20 weeks

Record data in the shared digital file

Icons created by Noun project