Antenatal clinical follow-up

1st trimester
1-14 weeks
- 1st visit (Donor card)
  - Consider a shared medical file
  - Discuss ICC and BPP
  - Identification of risk factors
  - Schedule of appointments: 10 for 5th pregnancy or 9 in other cases
  - Weight & BMI
  - Blood pressure
  - Proteins
  - Information on screening for Down syndrome (NIPT) and on preventive measures for CMV & toxoplasmosis
  - Haematological assessment
  - Screening for infections
- Next visits
  - Review 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 carotid rhythm (FCR) and prepare the NIPT

Between 11 and 13 weeks 6 days
- US scan

2nd trimester
15-28 weeks
- At the beginning of second trimester
  - Urine sample for asymptomatic bacteriuria
  - Discuss BPP
- Each visit
  - Review 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

3rd trimester
29-40 weeks
- At the beginning of third trimester
  - Discuss BPPE
- Each visit
  - Review 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 3rd 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, Looped maneuvers

Pregnancies that passed their due date
- No sufficient evidence for fetal surveillance by radiography or US (e.g. amniotic fluid measurements, biophysical profile)

Detailed recommendations are available on NICE Website (NICE 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 NICE report 248 and is added to the pathway
- **** The second ultrasound is reimbursed by NHSI from 20 weeks