

Antenatal Checks



At each antenatal visit, your midwife or doctor will check you and your baby's well being. Please discuss any worries or questions that you may have.

Blood pressure (BP) is checked to detect pregnancy induced hypertension or pre-eclampsia (see p 12). High blood pressure may cause severe headaches or flashing lights. If this happens, tell your midwife or doctor immediately.

Urine tests You will also be asked to supply a sample of your urine at each visit to check for protein (recorded as + or ++ = presence of), which may be a sign of pre-eclampsia.

Fetal movements You will usually start feeling some movements between 16 and 22 weeks. Later in pregnancy your baby will develop its own pattern of movements. This will range from kicks and jerks to rolls and ripples. Sometimes your baby will hiccup. You will very quickly get to know the pattern of your baby's movements. At each antenatal contact your midwife will talk to you about this pattern of movements, which you should feel each day. A change, especially a reduction in movements, may be a warning sign that the baby needs checking by ultrasound and Doppler. Become familiar with your baby's usual daily pattern of movements and contact your midwife or maternity unit **immediately** if you feel that the movements have altered.

Fetal heart (FH or FHHR - fetal heart heard and regular). If you wish, your midwife or doctor can listen to the baby's heart with either a Pinard (trumpet) or a fetal doppler (e.g. Sonicaid). With a doppler, you can hear the heartbeat yourself.

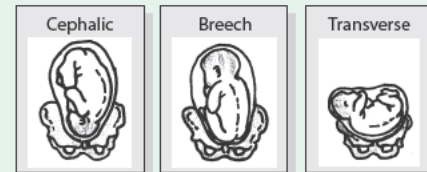
Liquor refers to the amniotic fluid, the water around the baby. A gentle examination of the abdomen can give an idea of whether the amount is about right (recorded as NAD-no abnormality detected, or just N), or whether there is suspicion of there being too much or too little, in which case an ultrasound is needed.

Lie and Presentation.

This describes the way the baby lies in the womb (e.g L = longitudinal; O = oblique, T = transverse), and which part it presents towards the birth canal (e.g. head first or cephalic = C, also called vertex = Vx; bottom first or breech = B or Br).

Engagement is how deep the presenting part - e.g. the baby's head is below the brim of the pelvis. It is measured by how much can be still felt through the abdomen, in fifths: 5/5 = free; 4/5 = sitting on the pelvic brim; 3/5 = lower but most is still above the brim; 2/5 = engaged, as most is below the brim; and 1/5 or 0/5 = deeply engaged, as hardly still palpable from above. In first time mothers, engagement tends to happen in the last weeks of pregnancy; in subsequent pregnancies, it may occur later, or not until labour has commenced.

Internals / vaginal examinations are NOT usually done at antenatal visits unless there is a specific reason.



Affix customised growth chart here

Assessing Fetal Growth

Accurate assessment of the baby's growth inside the womb is one of the key tasks of good antenatal care. Problems such as growth restriction can develop unexpectedly, and are linked with a significantly increased risk of adverse outcomes, including stillbirth, fetal distress during labour, neonatal problems, or cerebral palsy. Therefore it is essential that the baby's growth is monitored carefully.

Fundal height is measured every 2-3 weeks from 26-28 weeks onwards, ideally by the same midwife or doctor. The measurements are taken with a centimetre tape, from the fundus (top of the uterus) to the top of the symphysis (pubic bone), then plotted on the growth chart. The slope of the measurements should be similar to the slope of the three curves printed on the chart, which predict the optimal growth of your baby.

Customised Growth Charts. These notes have been developed to support the use of customised growth charts which are individually adjusted for you and your baby. The information required includes:

- your height and weight in early pregnancy
- your ethnic origin
- number of previous babies, their name, sex, gestation at birth and birthweight
- the expected date of delivery (EDD) which is usually calculated from the 'dating ultrasound'

The chart is usually printed after your pregnancy dates have been determined by ultrasound (preferably) or by last menstrual period. If neither dates are available, regular ultrasound scans are recommended to check that the baby is growing as expected. For further information about customised growth charts see www.gestation.net

After the chart is printed, it is attached as **page 16**, using the stick-on tape on the right of this page. →

Growth restriction. Slow growth is one of the most common problems that can affect the baby in the womb. If the fundal height measurements suggest there is a problem, an ultrasound scan should be arranged and the estimated fetal weight (degree of error 10-15%) plotted on the customised chart to assess whether the baby is small for gestational age. If it does record as small, assessment of Doppler flow is recommended, which indicates how well the placenta is managing the blood supply needed for the baby. If there is a serious problem, your obstetric team will need to discuss with you the best time to deliver the baby.

Large baby (macrosomia). Sometimes the growth curve is larger than expected. A large fundal height measurement is usually no cause for concern, but if the slope of subsequent measurements is too steep, your carers may refer you for an ultrasound scan to check the baby and the amniotic fluid volume. Big babies may cause problems either before or during birth (obstructed labour, shoulder dystocia etc.). However, most often they are born normally.

Affix customised growth chart here



NOTE:

The reverse side of this sheet is for the 'customised antenatal growth chart' which is printed out early in each pregnancy, usually after accurate dates have been established by ultrasound, and attached as **page 14**. The software is available for free download from www.gestation.net, and the Perinatal Institute will provide free support for installation and use of this software.

This side (page 13) can be 'customised' according to each unit's wishes. The content can be pre-printed on the back of the sheets used to print the customised growth charts. For example, this page can contain:

- local information eg map, visiting times etc or
- list of available leaflets; or
- security issues; or
- information about induction of labour.

If required, we can provide a Word document template with the preferred content.