

Department:	Obstetrics and Gynecology (Ambulatory Care)		
Document:	Departmental Policy and Procedure		
Title:	Antenatal Care		
Applies To:	All Obstetrics and Gynecology Staff		
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1. PURPOSE:

- 1.1 To set a policy regarding a standard procedure during the antenatal visits.

2. DEFINITIONS:

- 2.1 **Glucose Tolerance Test-** is the ability of the body to utilize glucose.

3. POLICY:

- 3.1 The first visit should be arranged as soon as possible once pregnancy has been confirmed. This should be at the various clinics inside the hospital unless specifically arranged with the physician staff.
- 3.2 All first visit, patients will have a history and physical examination including those late bookings needing "ASAP" physician appointments.
- 3.3 History taking should be in the antenatal electronic database and next appointment print fill given to the patient to keep with her.
- 3.4 Low risk patient may be followed up in the primary care up to 36 weeks of gestation.
- 3.5 At OB clinic, patient to be seen at 36 – 40 weeks and further visits as necessary. Frequency of visits to be decided by Physician.
- 3.6 The physician will assign the patient as low or high risk. High risk patient will be seen by the concerned physician concerned.
- 3.7 At any given gestation of pregnancy, any risk factor mandates referral to OB Clinic.
- 3.8 Pregnant women should be counselled about the risks of smoking and alcohol and drug use.
- 3.9 Routine fetal heart auscultation, urinalysis, and assessment of maternal weight, blood pressure and fundal height generally are recommended.
- 3.10 Genetic counselling and testing should be offered to couples with a family history of genetic disorder, a previously affected fetus or child, or a history of recurrent miscarriage.
- 3.11 Medical teams and female physician:
 - 3.11.1 Patients are assigned to physician according to their clinical records.
 - 3.11.2 Patients refusing to see a male physician will be seen by a female when available (of the same caliber).
 - 3.11.3 The presence of an appropriately trained female physician is not available and patient refusing to be seen by a male physician, patient is informed that she takes her own responsibility.
 - 3.11.4 If in the absence of female physician, a male physician can assess the patient in the presence of a female nurse. In accordance to the ethical beliefs and culture of Islam a patient can wait for the availability of the female physician in case of emergency refusal.

4. PROCEDURE:

- 4.1 First Visit:

- 4.1.1 The initial visit should occur during the first trimester to identify women who may need additional care and plan pattern of care for the pregnancy.
- 4.1.2 The estimated date of delivery (EDD) should be calculated by accurate determination of the last menstrual period (LMP).
- 4.1.3 Early ultrasonography is more accurate than LMP at determining gestational age, and that it should be used routinely to determine EDD and reduce the need for labor induction.
- 4.1.4 Blood tests:
 - 4.1.4.1 Complete Blood Count to be checked at booking and repeated at 28 and 36 weeks.
 - 4.1.4.1.1 If below 10g/dl, repeat monthly.
 - 4.1.4.1.2 If below 9 g/dl, check serum ferritin.
 - 4.1.4.2 Blood group and Rh type:
 - 4.1.4.2.1 If blood group positive with no antibodies to be checked only once.
 - 4.1.4.2.2 If blood group positive with antibodies, should have an antibody screen (ABS) every month unless otherwise instructed.
 - 4.1.4.2.3 If blood group negative with no antibodies to be checked at booking, 28 weeks and 36 weeks.
 - 4.1.4.2.4 If blood group negative with antibodies to be checked at booking and monthly unless otherwise specified.
 - 4.1.4.2.5 Sickle to be checked once.
 - 4.1.4.3 Rubella antibodies.
 - 4.1.4.4 Hepatitis status.
 - 4.1.4.5 VDRL (RPR).
 - 4.1.4.6 All patients should undergo screening test for GDM, preferably one hour glucose challenge test, patient usually not fasting prescribed oral 50 grams glucose. Blood sugar then measured, if <7.8 mmol/l patient to be advised to repeat at 24-28 weeks. If >7.8 mmol/l, patient need to have oral glucose tolerance test.
 - 4.1.4.6.1 Glucose tolerance test performed between 24-32 weeks gestation.
 - 4.1.4.6.2 All pregnant patients attending for GTT are instructed to fast from 12 midnight on the evening before their appointment.
 - 4.1.4.6.3 Fasting blood sugar is then 75 grams or 100 grams (according to the local laboratory arrangement) glucose beverage given to patient to drink.
 - 4.1.4.6.3.1 3 bloods taken.
 - 4.1.4.6.1.1 Fasting.
 - 4.1.4.6.1.2 One hour.
 - 4.1.4.6.1.3 Two hours.
 - 4.1.4.6.1.1 Three hours (optional).
- 4.1.5 MSU: Checked at booking. Repeat if:
 - 4.1.5.1 Previous specimen 'contaminated'.
 - 4.1.5.2 The patient has protein (+)positive.
 - 4.1.5.3 Requested by medical staff.
 - 4.1.5.4 Symptomatic patients.
- 4.2 Subsequent visits:
 - 4.2.1 The patient should be asked about fetal movements and this should be recorded in the file.
 - 4.2.2 Any complaint should be documented.
 - 4.2.3 Blood pressure should be checked by the nurse while the patient is sitting (which is easier and quicker than the left lateral position) if BP is >130/90mmHg it should be rechecked by the physician.
 - 4.2.4 The patient will be weighed regularly and her "weight gain" should be observed.
 - 4.2.5 Routine urine analysis(chemical component only: proteins, ketones and sugar) should be routinely done for every patient upon arrival to the OPD.
 - 4.2.6 Symphysis Fundal Height (S.F.H) should be checked routinely for gestations between 26 to 36 weeks. The S.F.H. should be within 3 cm (+ or -) of the gestational age in weeks.
 - 4.2.7 Presentation of the fetus should be documented.
 - 4.2.8 An ultrasound scan should be done at 18 – 22 weeks (if not done earlier).

- 4.3 Medications:
 - 4.3.1 Folic acid 1 mg, OD, during the first 3 months of pregnancy.
 - 4.3.2 Fe fumerate (200mg) or Sulphate (60 mg).
 - 4.3.2.1 OD if Hb is >10mg/dl.
 - 4.3.2.2 BD if Hb is <10 mg/dl.
- 4.4 Prenatal education:
 - 4.4.1 Information about physiologic changes that occur during pregnancy and preparation for the birthing process are key themes around which to discuss care issues and choices such as breastfeeding.
- 4.5 Booking for elective CS:
 - 4.5.1 The booking form should be filled and sent to OR head nurse immediately.
 - 4.5.2 Call OR to book the CS.
 - 4.5.3 No elective CS on Friday and Saturday.
 - 4.5.4 Talk to the physician on call before admitting "any" patient from the OPD (e.g. for D & C, elective CS and IOL because of PIH etc.).
 - 4.5.5 Blood donation Form "1000 cc" should be signed and given to the patient for donation before submission.

5. MATERIALS AND EQUIPMENT:

N/A

6. RESPONSIBILITIES:

- 6.1 Physician
- 6.2 Nurses

7. APPENDICES:

- 7.1 Admission Request electronic system
- 7.2 Obstetrics and Gynecology History Sheet fill in electronic file
- 7.3 Consent form
- 7.4 OR List
- 7.5 Blood donation form

8. REFERENCES:

- 8.1 (Am Fam Physician 2005; 71:1307-16. 1321-2. Copyright 2005 American Academy of Family Physicians).
- 8.2 National Institute for Clinical Excellence, Information for National Collaborating Centres and Guideline Development Groups. Guideline Development Process London: Oaktree Press; October 2003.
- 8.3 <https://www.slideshare.net/ashokktt/glucose-tolerance-test-60080797>.
- 8.4 Guidelines for Obstetrics & Gynecology, Ministry of Health, 2013.

9. APPROVALS:

	Name	Title	Signature	Date
Prepared by:	Ms. Afrah Saud Al Sweilem	Head Nurse of OBS-OPD		January 08, 2025
Prepared by:	Dr. Abdalla Mohamed Albasha	Obstetrician and Gynecologist		January 08, 2025
Reviewed by:	Dr. Mohannad Yagmour	Head of the Department		January 12, 2025
Reviewed by:	Mr. Sabah Turayhib Al - Harbi	Director of Nursing		January 13, 2025
Reviewed by:	Dr. Thamer Naguib	Medical Director		January 14, 2025
Reviewed by:	Mr. Abdullellah Ayed Al - Mutairi	QM&PS Director		January 15, 2025
Approved by:	Mr. Fahad Hazam Al - Shammari	Hospital Director		January 22, 2025