



# Theale Medical Centre

Englefield Road, Theale. Reading. RG7 5AS

Gen: 0118 930 3081; Appts: 0118 930 2513; Fax: 0118 930 4419; e-mail: tmc@gp-k81077.nhs.uk

## Antenatal Care (As per RBBH documentation)

The schedule below presents the recommended number of antenatal care appointments for women who are healthy and whose pregnancies remain uncomplicated during the antenatal period. The midwife will discuss the care plan with the patient, which may differ slightly from this schedule, in order to meet their personal needs. Because of the large volume of information required during early pregnancy the first appointment takes longer than the remainder.

Timescale	Appointment type	Date	Time
6 - 8 weeks	Doctor Confirm Pregnancy		
8 - 10 weeks	Midwife Assessment		
10 - 12 weeks	Phlebotomist Blood Test		
16 weeks	Doctor Antenatal Examination. Screening test.		
19 - 22 weeks	Ultrasound scan (Appt. arrives via post)		
22 - 25 weeks	Doctor Antenatal Examination		
28 weeks	Midwife Antenatal Examination. Screening Appts.		
31 weeks	Doctor Antenatal Examination		
34 weeks (Double appointment)	Midwife Antenatal Examination. Birth Preferences.		
36 weeks	Doctor Antenatal Examination		
38 weeks	Midwife Antenatal Examination		
40 weeks	Doctor Antenatal Examination		
41 weeks	Midwife Antenatal Examination. Discuss delivery.		



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On each occasion that a patient attends the antenatal clinic they should bring:

- A urine sample
- Their maternity records (including addressograph labels supplied by the hospital).

If patients happen to have a hospital appointment in the same week as a Midwife/GP appointment then patients should cancel and rearrange the surgery appointment and attend the hospital.

## Antenatal Enquiries

Antenatal enquiries should be directed to the following numbers:

Area	Times	Phone number
Reading	Monday ~ Friday 09:00 ~ 15:30	0118 987 7310
Newbury	Monday ~ Friday 09:00 ~ 12:30	01635 273 386
Delivery Suite	Out of Hours enquiries	0118 987 7303/4
Integrated Birth Centre*		0118 322 7288
Booked Home Births*		0118 322 7199

\* Please discuss with the Midwife first.

Additionally, Community Midwives are able to inform patients of any other arrangements that may exist.



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## Routine antenatal blood test in West Berkshire

(As per RBBH documentation)

### Introduction:

As part of patient care during pregnancy, several blood tests are offered. The following explains the tests that are, or can be, undertaken on blood samples that have been taken. If patients have any questions or enquiries regarding blood tests the GP/Midwife should be contacted in order to discuss the matter further.

Name of test	Explanation
Full Blood Count (FBC)	This test checks iron levels and whether a patient is anaemic. It is performed at or before 16 weeks, at 28 weeks and 36 weeks. If a low iron level indicated then iron tablets may be necessary and the test undertaken more frequently.
Haemoglobinopathies	This test checks for certain blood cell disorders such as sickle cell anaemia and thalassaemia which are found in people who are not North European in origin. Therefore this test is recommended for patients (and their partners if they are not North European) who fall into this category. Further information can be obtained from the leaflet entitled "Do I have a haemoglobin trait?" available at all antenatal classes.
Blood group and Rhesus factor	These tests are undertaken at or before 16 weeks and 36 weeks on all patients. If a Rhesus test proves to be negative then an extra test is taken at 28 weeks. These tests identify: <ul style="list-style-type: none"> <li>1) The blood group A, B, O or AB</li> <li>2) Rhesus positive or negative, one in six females are Rhesus negative</li> <li>3) Any unexpected blood group antibodies as a result of a previous transfusion or pregnancy. If patients are Rhesus negative after delivery of their baby, Anti-D injections may be required. In addition, Anti-D injections are required during pregnancy bleeding occurs or any invasive procedure is undertaken e.g. amniocentesis.</li> </ul>
Rubella (German measles)	This test checks for immunity to the Rubella virus. Infection with Rubella in the first three months of pregnancy can cause abnormalities in the baby, such as deafness. Most women have acquired immunity against Rubella from either a previous infection or immunisation whilst at school. If patients are found to be non-immune or to have low levels of immunity then vaccination is recommended after the birth of the baby. This can be done before discharge from the Maternity Unit.



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Name of test	Explanation
Hepatitis B virus	This virus affects the liver. People affected by the virus are often not aware of having it, as symptoms often do not appear. The virus can be transmitted in blood and body fluids during unprotected sex or through sharing drug-injecting equipment. The virus may also pass from mother to baby at birth. If patients test positive for this virus the baby can be protected after birth by undertaking an immunisation programme. Having a negative Hepatitis B test will not affect any existing or future insurance policy.
Syphilis	Syphilis is now an uncommon sexually transmitted infection. In the early stages it rarely produces any symptoms but it can seriously affect the development of the baby. If a patient proves positive to this test then successful treatment can be undertaken with a course of antibiotics. In such cases the patients' partner will be recommended to visit the Florey Unit for advice and treatment as necessary.
Human Immuno-deficiency virus (HIV)	<p>HIV is a virus, which attacks the body's immune system and reduces the ability to fight disease and infection. If the blood test proves positive it means that the patient has been infected with HIV. A negative result usually means that a patient is not infected however it can take three months or more for the antibodies to HIV to develop. Therefore further testing is advised if a patient thinks that she has been exposed to risk of infection in the previous three months.</p> <p>For a known HIV positive patient the risk of HIV infection being transmitted to the baby can be reduced from 15% to around 1%. This can be done by:</p> <ol style="list-style-type: none"> <li>1) Prescribing highly effective drug treatment to the patient during pregnancy and delivery.</li> <li>2) For some patients delivering the baby by caesarean section.</li> <li>3) Avoiding breast-feeding.</li> </ol> <p>Having a negative antenatal HIV test will not affect any existing or future insurance policy. More information on HIV, AIDS and pregnancy is available in a leaflet given to patients by the Community Midwife or from the clinics specialising in Genito-Urinary Medicine, which are listed in the telephone directory.</p>
Alpha fetoprotein (AFP)	This is a screening test to detect babies that are possibly affected by neural tube defects, for example spina bifida. The test needs to be undertaken at between 16 and 18 weeks of pregnancy, although it can be undertaken at up to 20 weeks. If the test results prove to be high arrangements will be made for attending a detailed ultrasound scan within a few days to check for any abnormalities. If the test proves to be within limits it is unlikely that the baby will be affected by any disorders. However, the routine ultrasound scan at 19-21 weeks will also examine the baby's brain and spine for abnormalities. The level of AFP in the blood will



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<b>Name of test</b>	<b>Explanation</b>
	not be used to estimate the risk of Downs Syndrome.
Blood test results	It is usual practice for a patient's Midwife to advise of test results at the following antenatal visit and these will be held in the patients' hand held records. If it is considered that a patient needs to be advised of any test result then she will be contacted as soon as the result is available. If there proves to be a problem with any blood test results the Midwife may need to refer the patient to a consultant in the Hospital Antenatal clinic for further assessment. It is appreciated that some tests may cause anxiety, particularly the screening tests for abnormality and therefore the Midwife is available to discuss any questions or concerns prior to the blood tests.
Other blood tests	The Midwife will discuss the double and triple blood tests with patients and how they may be obtained privately if required, as it is currently not available on the NHS in West Berkshire. The Midwife will also provide the contact details for the centres that undertake these tests should patients wish to obtain further information or make arrangements to have them done. These screening test will give patients a risk factor of their baby having Downs Syndrome or a neural tube defect e.g. spina bifida, but they will not reveal whether the baby has or does not have these abnormalities.