|  |  |  |  |
| --- | --- | --- | --- |
| **SCHEDULE for ANTE-NATAL PATIENTS**  **KELSO HEALTH CENTRE** | | | |
| **WEEK** | **SEEN BY GP/MIDWIFE/**  **CONSULTANT** | **LABORATORY TESTS** | **COMMENTS** |
| 10 - 12 | Midwife | Full blood count  Blood sugar  Blood group  VDRL  Rubella  Hepatitis B  MSU  V Zoster  HIV | Ready Steady Baby  Book  Exemption Form  Bounty Book  Emma’s Diary  Screening Leaflets |
| 12 - 14 | G.P. |  |  |
| About 16+ | K.H.C. Scan  Consultant | Screening to check the  accuracy of your dates  and for other abnormalities  to measure the risk of  Down’s Syndrome and  Spina Bifida |  |
| 18 – 22 | Midwife | Fetal Detail Scan | At Pregnancy Assessment Unit, BGH. |
| 20 | Midwife |  | Discuss Parentcraft Classes - Feeding |
| 24 | G.P. |  | Mat B1  From 20 weeks onwards |
| 28 | Midwife | Full blood count  Blood sugar  Antibody check if Rh Negative |  |
| 30 | Consultant |  |  |
| 32 | G.P. |  |  |
| 34 | Midwife | Full blood count  Antibody Screen  on all patients |  |
| 36 | Midwife |  | Vitamin K Leaflet  Pool Labour |
| 37 | G.P. |  |  |
| 38 | Midwife | FBC on any patient if Hb has been <10g/dl |  |
| 39 | Midwife |  |  |
| 40 | Consultant |  | I.O.L. Date |
|  | | | |
| PLEASE BRING A SPECIMEN OF URINE WITH YOU TO ALL APPOINTMENTS | | | |