



### Early pregnancy symptoms of [list]

Always consider an ectopic pregnancy if positive pregnancy test, and abdominal pain or bleeding  
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See HealthPathway for Nausea and Vomiting in Pregnancy  
See HealthPathway for UTI in Pregnancy  
Consider whether ultrasound is indicated for trauma  
Request ultrasound for IUCD in situ

### Current information is insufficient to determine if risk factors for SGA

(No outcome or birth weight recorded for some babies.) Recommend further review of past obstetric and maternal medical history by LMC.

### At increased risk of SGA [list of risk factors]

Provide information on aspirin in pregnancy  
Check for contraindications for Aspirin. If no contraindication start low dose aspirin 100mg in the evening.  
Request obstetric specialist review.  
LMC please consider Growth Scans according to local guidelines.

### At increased risk for pre-eclampsia: [list of risk factors]

Provide information on aspirin in pregnancy  
Check for contraindications for Aspirin. If no contraindication start low dose aspirin 100mg in the evening.  
If contraindicated for Aspirin, request obstetric specialist review  
Calcium supplementation (prescribed and dietary) is indicated at 16 weeks gestation to achieve intake of 1g elemental calcium intake per day until birth.

### Unsure EDD at $\geq$ 12 weeks

Request scan for assessment of pregnancy dates

### Unknown date of LMP and irregular periods $\geq$ 8 weeks apart

Check for fundal height

### Recurrent miscarriage

Increased risk of spontaneous preterm birth  
Consider testing for: Parental karyotype, Activated protein C resistance, Anticardiolipin antibodies, Lupus anticoagulant, prothrombin ratio, thyroid function tests

### Household smoking

Offer referral of household members to smoke free services



### Current smoker

Smoking in pregnancy is harmful to the development of your baby and substantially increases the risk of your baby having health problems including being born too early, having chest and ear infections.

Smoking is a major risk for sudden unexpected death in Infancy (SUDI)

Strongly recommend cessation and offer support to quit.

Encourage nicotine replacement therapy if mother would otherwise continue to smoke and offer a prescription.

Strongly recommend using a stop-smoking service. Explain that you will request the smokefree team contact the woman so that they can explain what they offer. (Opt off)

### E-cigarette/Vaping

Give clear personalised advice

There is limited knowledge about the effects of vaping (e-cigarette) in pregnancy.

Vaping is likely to be much less harmful than smoking in pregnancy and it can be an effective way of quitting smoking when accompanied by stop-smoking support.

If the woman also smokes strongly encourage her to switch to only vaping.

If she only vapes encourage her to cut down and quit.

### Alcohol

There is no safe level of alcohol use in pregnancy. Strongly advise to stop drinking all alcohol while pregnant.

Audit-C score of [x] indicates high risk drinking

Complete Self-test Alcohol AUDIT screening tool

Other factors may make it more difficult to quit alcohol; pre-pregnancy frequent or high alcohol consumption, smoking, exposure to abuse/violence, social or psychological factors.

Request alcohol service support if indicated

### Illicit Drug Use

There is no safe level of drug use during pregnancy for your developing baby.

Drug use in pregnancy can cause birth defects, miscarriage, poor growth, stillbirth, prematurity and lifelong developmental and behavioural problems.

Assess severity of use and dependency.

Request community alcohol and drug service support.

### Healthy Homes

Consider requesting Healthy Homes Initiative. Check criteria in pathway

### Family Violence

Determine risk category and decide on appropriate support.



### High Blood Pressure

BP of x/x recorded

Give medication immediately to lower blood pressure

Request acute obstetric assessment.

Gestation < 20 weeks and most recent BP > 140/90. Repeat measurement and if confirmed, record chronic pre-existing hypertension

If not previously investigated arrange investigation of hypertension.

Start or review antihypertensive medication management suitable in pregnancy

Gestation >= 20 weeks and most recent BP > 140/90 - possible pre-eclampsia.

Seek urgent advice from obstetrics

### Weight Gain in Pregnancy

> 10 weeks gestation - refer to [link to Healthy Weight Gain in Pregnancy Poster]

Recommended weight gain of [x] kg

### Maternal medical conditions

Review medical conditions and medications.

### Mental health conditions in past

Consider maternal mental health concerns and manage or request assessment as indicated.

### Positive depression/anxiety screen

Complete EPDS or PHQ-9 or GAD-7 as appropriate

Consider maternal mental health concerns and manage or request assessment as indicated.

### Medications/supplements

Review medications. See Medications in Pregnancy and Breastfeeding

### Heart Sounds

Consider whether obstetric physician assessment is required.