

SURNAME	NHI
FIRST NAME	DOB
ADDRESS	POSTCODE
(or affix patient label)	

Antenatal Care Plan Checklist if at High Risk of Birth from 23 Weeks to 24 Weeks + 6 Days

All care providers may complete this checklist and it should be reviewed with the woman at least weekly or when the situation changes

Gravida:	Parity:	EDD:/...../.....	Membranes ruptured:/...../.....
Gestation today: weeks	 days	Steroids 1 st dose:/...../.....
Multi-Drug Resistant Organisms screening risk:		Steroids 2 nd dose:/...../.....	

DECISION POINT	GUIDANCE	YES	NO
Consider rescue cerclage unless active labour, signs of infection, active bleeding, ruptured membranes	Consult with MFM specialist or high risk obstetrician/colleague	<input type="checkbox"/>	<input type="checkbox"/>
Active intervention at birth	Consider from 23 weeks, ideally 24 hours post second dose of steroids	<input type="checkbox"/>	<input type="checkbox"/>
Steroids	Consider after multidisciplinary consultation with Obstetrician/ NICU/Midwife and whanau from 22+5/40 – if high likelihood of birth this should be in a tertiary hospital. Recommend from 23+5/40 – individualise following consultation and plan	<input type="checkbox"/>	<input type="checkbox"/>
Tocolysis (if in threatened PTL)	If decision to give steroids is made and clinically appropriate	<input type="checkbox"/>	<input type="checkbox"/>
Antibiotics	Recommend if membranes rupture or clinical signs chorioamnionitis, using local policy	<input type="checkbox"/>	<input type="checkbox"/>
MgSO₄	If steroids given and likely to birth (within 24 hours) Minimum of 4 hours before birth for effect	<input type="checkbox"/>	<input type="checkbox"/>
Fetal monitoring	Intermittent auscultation recommended Continuous to be individually considered	<input type="checkbox"/>	<input type="checkbox"/>
Caesarean	Not recommended – individualise plan but consider for breech or transverse lie presentation	<input type="checkbox"/>	<input type="checkbox"/>
Any other considerations for woman and whanau		<input type="checkbox"/>	<input type="checkbox"/>
Any other considerations for care team – OBs/NICU/MW		<input type="checkbox"/>	<input type="checkbox"/>

Name:	Date:/...../.....
Designation:	Signature:

ANTENATAL CARE PLAN - BIRTH 23 - 24 6 WEEKS C240414

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<p>Update on decision eg. repeat steroids antibiotics monitoring scans delivery plan</p>	<p>Gestation: weeks + days</p>
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