Te Whatu Ora
Health New Zealand
Waitaha Canterbury
MATERNITY & NEONATAL SERVICES

NHI ..... WARD .....
SURNAME .....
FIRST NAME .....
GENDER ..... DOB ..... AGE .....
(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 1st dose: ……/……/……

Multi-Drug Resistant Organisms screening risk: ..... Steroids 2nd 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	☐	☐
Active intervention at birth	Consider from 23 weeks, ideally 24 hours post second dose of steroids	☐	☐
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	☐	☐
Tocolysis (if in threatened PTL)	If decision to give steroids is made and clinically appropriate	☐	☐
Antibiotics	Recommend if membranes rupture or clinical signs chorioamnionitis, using local policy	☐	☐
$MgSO_4$	If steroids given and likely to birth (within 24 hours) Minimum of 4 hours before birth for effect	☐	☐
Fetal monitoring	Intermittent auscultation recommended Continuous to be individually considered	☐	☐
Caesarean	Not recommended – individualise plan but consider for breech or transverse lie presentation	☐	☐
Any other considerations for woman and whanau		☐	☐
Any other considerations for care team – OBs/NICU/MW		☐	☐

Name: ..... Date: ……../……./……..

Designation: ..... Signature: .....

ANTENATAL CARE PLAN - BIRTH 23 - 24 6 WEEKS

C240414

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

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

Name: ..... Date: ……../……./……..

Designation: ..... Signature: .....

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

Name: ..... Date: ……../……./……..

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