

# ANTENATAL SCREENING

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**1. DEFINITION AND PURPOSE:** Antenatal screening involves tests (blood, urine, ultrasound) during pregnancy to assess the health of the mother and baby, identifying risks for conditions like Down syndrome, infections (HIV, Hep B, Syphilis, Rubella), anaemia, and haemoglobin disorders (sickle cell, thalassaemia) to allow for early management

**2. TWO PARTS FOR THE CARE OF A ROUTINE ANTENATAL PATIENT.**

- a. Basic essential care recommended for all pregnant women.
- b. Additional care and investigations to be preferably offered if available for the routine antenatal care of a normal healthy woman

**3. ANTENATAL VISITS:**

- Once a month till 28 weeks
- Once in two weeks from 28weeks to 36weeks
- Once a week from 36weeks till 40 weeks

**4. MATERNAL ASSESSMENT:**

- a. Detailed history: Assess risk-factors at every visit.
- b. Measure height weight, and body mass index (BMI) calculation at the first visit.

- c. Blood pressure measurement at every visit.
- d. Auscultation of heart sounds and lungs at least once during the first visit/at every visit.
- e. General examination, pallor, oedema, pulse rate every visit.
- f. Routine breast examination is not recommended for the promotion of postnatal breastfeeding.
- g. Obstetric abdominal palpation every visit from 14 weeks and foetal heart sound auscultation from 24–26weeks

## **5. AT BOOKING VISIT**

- CBC
- Blood grouping and Rh typing
- Serology: HIV, HBSAg, VDRL, HCV
- TSH, FT3, FT4
- Urine routine and microscopy
- FBS with HBA1C
- If mother is Rh negative: Husband blood group and Rh typing and if husband is Rh positive ICT
- PELVIC SCAN(6-8weeks): Early pregnancy scan for foetal viability, location, number of gestation sac, dating and adnexal structure

## **6. 11W TO 13W+6DAYS**

- Double marker test Free beta HCG and PAPP –A
- Nuchal translucency (NT) SCAN

## **7. SECOND TRIMESTER - 20W TO 24W**

- Hb
- 75G OGTT
- Urine routine and microscopy
- Anomaly scan with foetal echo and cervical length

## **8. THIRD TRIMESTER**

- CBC

- SEROLOGY
- ICT (if mother IS Rh negative and father is Rh positive)
- 75G OGTT
- Term Scan

**REFERENCES:** *FOGSI-ICOG Good Clinical Practice Recommendations GCPR Routine Antenatal Care for The Healthy Pregnant Women*

### **Indications for foetal echocardiography**

#### **1. MATERNAL**

- Autoimmune antibodies, anti-Ro(SSA), anti-La(SSB)
- Familial inherited disorders (e.g., 22q11.2 deletion syndrome)
- IVF
- Metabolic disease (DM and PKU)
- Teratogen exposure (retinoids and lithium)

#### **2. FETAL**

- Abnormal cardiac screening examination
- First-degree relative of a foetus with CHD
- Abnormal foetal heart rate or rhythm
- Foetal chromosomal anomaly
- Hydrops
- Increased NT
- Monochorionic twins

### **Indications for maternal echo (based on individual case)**

- Medical history of: Chronic HTN, T2DM, CKD, Autoimmune disease, Congenital heart disease, Anaemia
- Obstetric history of: GDM, Severe Pre-eclampsia

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