



[Dr David Moore](#) » [Obstetrics](#) » [Low-risk pregnancy](#)



[Low-risk pregnancy](#)



By [Dr David Moore](#), 27 August 2013

What is a low-risk pregnancy?

A pregnancy is low-risk (or uncomplicated) when, after thorough [routine evaluation](#), no risk factors are identified.

Pregnancy is a natural state; happily, most women are deemed to be low-risk at the start of their pregnancy, and most will continue to be low-risk throughout pregnancy, delivery, and beyond.

Will my pregnancy remain low-risk?

In most cases, yes. However, one of the greatest dangers during a pregnancy is when a low-risk pregnancy becomes a [high-risk pregnancy](#), and the change goes unrecognised. The development of complications may be sudden and apparent, or insidious. This is the rationale behind routine screening tests and regular scheduled visits with your health care provider. Although the majority of women will remain low-risk during their pregnancy and delivery, those that won't cannot be reliably predicted by their personal history, and an important aspect of good obstetric care, however, is recognising also when a pregnancy (or birth) is progressing so that unnecessary tests and interventions can be appropriately withheld.

How are low-risk pregnancies managed?

Women with low-risk pregnancies are recommended to undergo only the "routine" screening tests and surveillance on a "schedule of visits" similar to the following:

- Monthly until 28 weeks
- Fortnightly until 36 weeks
- Weekly until delivery

At the initial visit, a full history is taken and targeted examination is performed. I will discuss clearly my approach to questions or address any concerns you may have. Common topics such as exercise and healthy eating in pregnancy are pregnancy will be outlined. At follow-up appointments, your general pregnancy health is evaluated and problem symptoms and well-being are determined and your physical well-being is monitored.

During your pregnancy, the following routine antenatal investigations are recommended (many of these will have already

- Antenatal screening blood tests
- Urine test for infection
- Gestational diabetes test (Oral Glucose Tolerance Test) between 26-28 weeks
- Dating confirmation ultrasound between 7-13 weeks (may be combined with Down syndrome risk assessment, if desired)
- Fetal anatomical survey ultrasound, usually 18-22 weeks

If, at any point, your pregnancy becomes [high-risk](#), I will explain all the significant changes to you, and outline the appropriate management. *David practices evidence-based medicine, and strives to ensure all conditions that may complicate a pregnancy are managed according to the latest literature and published guidelines.*

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About Dr David Moore



David is a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, a Fellow of the Royal Society of Obstetricians and Gynaecologists, Queensland. He is highly skilled in the management of complex and high-risk pregnancies, and has special interests in the management of endometriosis, pelvic floor and incontinence surgery. David has completed a Master of Reproductive Medicine and is currently completing a PhD in the management of fertility problems, and can offer the full range of assisted reproductive treatments. He is a Lecturer at the Queensland Medical School, and has published both medical journal and textbook contributions.

[« High-risk pregnancy](#)

[Back to Obstetrics](#)



