

JOHN'S HILL

MEDICAL PRACTICE

The Maternity & Infant Care Scheme.

Every woman who is pregnant and ordinarily a resident in Ireland (must have PPSN) is entitled to free Maternity Care. The agreed programme of normal maternity care comprises of the following;

- First Pregnancy – Six routine ante-natal visits & two post-natal visits
- Subsequent Pregnancies – Seven routine ante-natal visits & two post-natal visits

Post-natal Visits:

- An examination of the baby at 2 weeks old
- An examination of you and the baby at 6 weeks old

We recommend you attend for your visits as per outlined in the table below.

<u>Weeks of Pregnancy</u>	<u>GP Visits</u>	<u>Hospital Visits</u>
Before 12 weeks [preferably ASAP after conception]	✓	
Before 20 weeks		✓
24 weeks	✓	
28 weeks	✓ [2 nd /susequent pregnancies only]	✓ [First Pregnancy only]
30 weeks	✓	
32 weeks		✓
34 weeks	✓	
36 weeks		✓
37 weeks	✓	
38 weeks		✓
39 weeks	✓	
40 weeks		✓
<u>Birth of Baby</u>		
2 weeks after birth (for baby)	✓	
6 weeks after birth (for mother & baby)	✓	

DR. PAUL CAMPBELL DR. HEBAT SEIAM DR. PAUL O'HARA

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If you need to see a doctor outside of the above scheduled visits you will be charged for these consultations as they are not covered under the scheme unless you have a significant pregnancy related illness such as morning sickness, pregnancy induced diabetes, or hypertension.

Certain services which you may require as part of routine antenatal care are not covered by the Antenatal Scheme.

- B12 & Immunisation injections
- Blood/Urine/Swab sample Tests
- Post Pregnancy care unless part of the 6-week check. For example - wound infections, mastitis, episiotomy infection, post-natal depression now NOT covered under antenatal care
- Medical Certificates

** It is worth noting that visits not associated with your pregnancy are not covered by the scheme and if you do not have a medical card or doctor visit card then there will be a normal fee for these visits. For example - chest infection, urine infection etc*

*Patient Details:
(print label)*

Patient's signature: _____

Date: _____

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