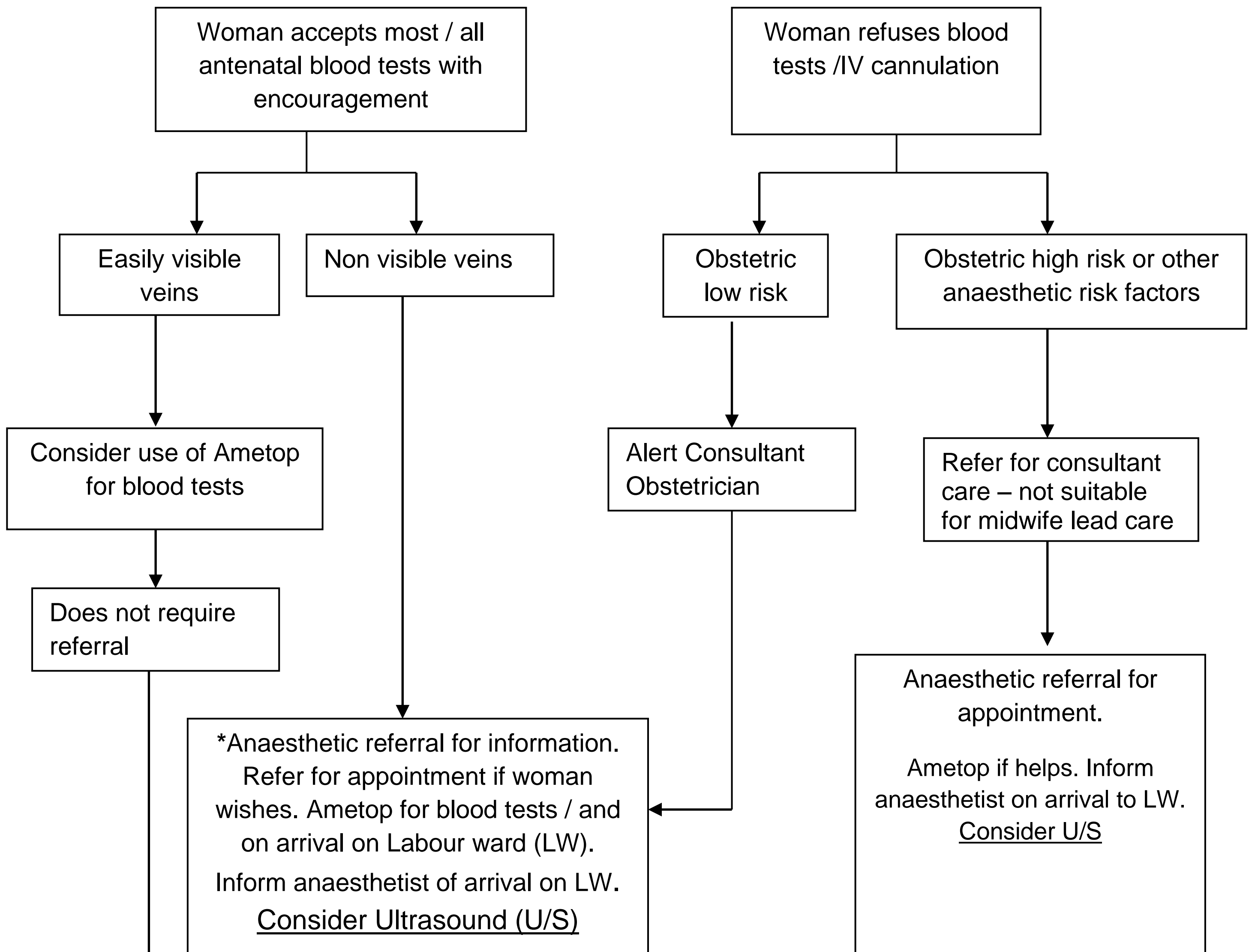
REFERRAL PATHWAY FOR WOMEN WHO EXPRESS A FEAR OF NEEDLES FULL CLINICAL GUIDELINE

Reference No.: UHDB/AN/09:22/P3

The midwife to discuss with the woman the reasons for having tests carried out during pregnancy / IV cannulation during labour with risks explained in the event she refuses.



*** when making an anaesthetic referral clearly specify whether it is for information only or for a clinic appointment**

It may be appropriate to cannulate prophylactically on LW. Ametop should be applied under an occlusive dressing for an hour before venepuncture / cannulation. The effect lasts for 3-4 hours after removal.

Ametop may be applied to the back by an anaesthetist minimum of 30 minutes prior to spinal / epidural.

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1. Introduction

Women who present with needle phobia are at an increased risk if problems arise particularly during labour, so it is important these women are identified early so a management plan can be put in place. The majority of women who express a fear of needles do not have a true needle phobia, and can usually manage to overcome their anxieties with support and encouragement.

2. Purpose and Outcomes

To ensure all women with needle phobia are managed and supported appropriately and in a timely way.

3. Abbreviations

ANC - Antenatal clinic
EDD - Estimated date of delivery
FBC - Full blood count
HIV - Human Immunodeficiency Virus
IDPS - Infectious diseases in pregnancy screening
IV - Intravenous
LW - Labour ward
MTCT - Mother to child transmission
RDH - Royal Derby Hospital
SC&T - Sickle cell & Thalassaemia
U/S - Ultrasound

4. Key Responsibilites and Duties

All maternity and anaesthetic staff to consider the needs of the woman and ensure referral takes place accordingly (see referral flow chart). Each referral to the anaesthetics team needs to specifically state whether it is for information only or for a clinic appointment, according to the risk assessment.
All staff to consider taking all screening bloods at any contact during pregnancy if an opportunity arises.

5. Documentation

Please ensure all assessments and individual plans of care are documented clearly in the appropriate records which may include some or all of those listed below

- medical records
- maternity hand held records

- maternity clinical system special instructions page

6. Risks to consider

Ensure the decision to decline bloods at booking & at 28 weeks is an informed decision following discussion with the woman of the risks listed below.

- **Red cell antibody screening** is recommended at booking & at 28 weeks to ascertain if red cell antibodies present & if so to monitor titre levels to avoid fetal loss due to anaemia, rhesus isoimmunisation, hydrops and haemolytic disease of the newborn
- **IDPS** - HIV, syphilis and hepatitis B. To reduce risk of MTCT in all 3 infections, to offer early treatment for syphilis to avoid congenital syphilis (fetal abnormality / demise). To offer hep B vaccine in a timely manner. To protect future pregnancies from risk of congenital rubella.
- **Blood group** - for anti-D prophylaxis if rhesus D NEG to protect future pregnancies, for blood transfusion purposes if blood is difficult to match (avoiding maternal death with incompatible O NEG in an emergency)
- **FBC** - treat maternal iron deficiency anaemia for well being & to reduce transfusion risk in postnatal period. To review red cell indices.
- **SC&T** - To avoid unexpected / unknown major life-threatening haemoglobin disorder in the neonate.

Ametop can be considered in some instances, also entonox. If still declines or venepuncture unsuccessful, refer for anaesthetist for review

All staff to be aware that these women may not have had any booking bloods taken and they should TAKE ALL SCREENING BLOODS whenever the opportunity arises e.g. in labour.

7. Monitoring Compliance and Effectiveness

As per agreed audit forward programme

Documentation Control

Reference Number: UHDB/AN/09:22/P3	**Version: 6**		**Status: Final**	
Version / Amendment	Version	Date	Author	Reason
	1	June 2004	Dr R Broadbent – Consultant Anaesthetist	New Guideline
	2	Feb 2012		Incorporated into AN Care including Risk Assessment guideline (A5)
	3	May 2013	Dr R Caranza. Consultant Obstetric Anaesthetist	Removed from (A5) and updated
	4	March 2016	Dr R Caranza. Consultant Obstetric Anaesthetist	Review
	5	March 2019	Dr Z Sadiq – Consultant Anaesthetist	Review
	6	September 2022	Dr Z Sadiq – Consultant Anaesthetist	Review
Intended Recipients: All Staff caring for women during the antenatal period				
Training and Dissemination: Cascaded through lead sisters/midwives/doctors; Published on Intranet; NHS Mail circulation list. Article in business newsletter				

Consultation with:	Consultant Obstetric Anaesthetists
Business Unit sign off:	20/09/2022: Maternity Guidelines Group: Miss S Rajendran – Chair 22/09/2022: Maternity Development & Governance Committee/ACD- Miss S Raouf
Divisional sign off:	27/09/2022
Implementation date:	04/10/2022
Review Date:	September 2025
Key Contact:	Cindy Meijer