University Hospitals of Derby and Burton NHS Foundation Trust

Antenatal Care- Summary Clinical Guideline

Reference No.: UHDB/MAT/09:22/A5

Key responsibilities

All women, even those who regularly attend the maternity unit, should be encouraged to see their community midwife throughout the pregnancy to ensure all areas of need are addressed including social, educational and psychological.

It is the responsibility of midwives to arrange timely referrals to the consultant or the assessment unit based on risk assessments at booking and throughout the pregnancy.

It is the responsibility of the consultant to clearly document and discuss an individual management plan for women referred to them for consultant opinion or consultant led care.

It is the responsibility of all staff caring for the woman to discuss the management / care plan as recommended to her based on her personal risk.

Caseload management must be kept up to date so in the event the named midwife is unavailable another midwife can easily identify any women who need to be contacted for appointments who have previously not attended.

The minimum requirement to assess and document at each antenatal examination / risk assessment is:

- history of maternal well-being (physical as well as mental)
- history of fetal movements (unless pregnancy less advanced)
- measurement of blood pressure
- Urinalysis: protein and glucose
- Review of new risk factors, update if applicable
- Review of intended place of delivery as part of risk assessment

Routine AN Pathway

Gestation	Aims and Action Taken
6-10 Weeks Or within 2/52 of referral if >12/52 .	Document: • Gynaecological, obstetric, medical, social, family history • Medications & allergies, • Social support network • Smoking: status and CO level, opt out cessation referral as required • Alcohol, recreational drugs • Mental well being; complete mental health form • VTE risk assessment • SGA risk assessment • PET risk assessment / aspirin assessment • GDM risk assessment • Preterm risk assessment • Domestic abuse see guidelines (D3) • Decline blood and blood products (H1) Investigations • Weigh / calculate BMI

	• Mid-stream urine specimen (MSU) • Offer and document CO monitoring for all women regardless of smoking status Discuss and offer, consent & sign • Full blood count • HIV; Hepatitis B testing / See AN screening guidelines • Sickle cell & Thalassaemia screening form/bloods (family origin questionnaire) • ABO/Rh grouping and antibody screen; • Serological tests (syphilis) Discuss and offer: • Dating Scan & first trimester combination screening test options – make appointment and document • Physical abnormalities mid-pregnancy scan at 20 weeks Discuss • Healthy Start vitamins/Healthy start vouchers • Vitamin D and Folic Acid • Vaccines in pregnancy e.g. Whooping cough and flu • Screening: signpost to screening leaflet including newborn blood spot sampling If the woman is uncertain of dates and potential problems identified, an earlier scan (8-10 wks) may be appropriate particularly if any of the following is noted:- • vaginal bleeding • previous ectopic pregnancy • 2 or more consecutive first trimester miscarriages • Diabetes type 1 or 2 (see diabetes in pregnancy guidelines) Give general advice on diet, exercise, dental care, antenatal classes, smoking, alcohol, family planning and maternity benefits (as appropriate)
	Complete notes/maternity records Identify other booking risk factors (including those requiring specific or early referral to obstetrician or anaesthetist) If pre-existing diabetes – refer immediately to the midwife with a special interest in diabetes.
10-24 weeks	Booking appointment with consultant, timing dependent on reason for referral
11-14 weeks	Dating Scan +/- first trimester combined Down's, Edwards' and Patau's Syndrome screening
16 weeks	• Take blood for biochemical screening for Downs syndrome and MSAFP (if late booking only) • Review, discuss & record results of all screening tests undertaken • If Hb<110g/l consider iron supplementation • Refer to other services as necessary • Encourage women to attend AN education • Discuss (Key Point AN discussions MHHR): o Connecting with baby, taking time out to connect o The value of skin contact • Offer and document CO monitoring for all women regardless of smoking status • Documentation of smoking status: see smoking in pregnancy guideline
20 Weeks	Mid trimester physical abnormality scan Offer flu vaccine in AN clinic in appropriate time of the year when attending for scan
25 Weeks (nullip)	Issue of Mat B1 is appropriate from 21 weeks gestation • Offer and document CO monitoring for all women regardless of smoking status
28 Weeks	• Full blood count (if Hb < 105g/l consider iron therapy) • Rh antibody screen for Rh negative women • Antibody screen for Rh positive women to detect irregular antibodies of clinical importance • Consider re/offering Infectious diseases in pregnancy screening (IDPS) • Anti-D prophylaxis in Rh negative women

	• Discuss:
	  ○ fetal movements
	  ○ pregnancy signs which are clinically significant
	  ○ self-referral to the assessment unit
	  ○ give advice on perineal massage
	  ○ infant feeding: responding to baby's needs (brain development, responsive feeding)
	  ○ sleeping position (saver to settle to go to sleep on side than on back)
	• Weigh / calculate BMI if BMI ≥30 at booking (see obesity guidelines)
	• Offer and document CO monitoring for all women regardless of smoking status

31 Weeks (Nulliparous women)	• Review, discuss and record results from 28 week tests.
	• Offer and document CO monitoring for all women regardless of smoking status
	• Discuss:
	  ○ Parent education and labour
	  ○ Infant feeding and bonding

34 Weeks	• Review, discuss and record results from 28 week tests if not done at 31 weeks
	• Offer and document CO monitoring for all women regardless of smoking status
	• Discuss:
	  ○ Infant feeding and bonding: value of breast feeding and how to get off to a good start
	  ○ Newborn blood spot sampling
	  ○ Consider to discuss birth control following birth

36 Weeks	• Assess Fetal presentation by abdominal palpation at each visit onwards • Arrange scan if suspected breech presentation • Repeat scan for low lying placenta • Offer and document CO monitoring for all women regardless of smoking status • Document smoking status and if active smoking: re-offer SSS and discuss as per guideline • Complete homebirth risk assessment if required
38 Weeks	• Assess Fetal presentation by abdominal palpation • Offer and document CO monitoring for all women regardless of smoking status
40 Weeks (nullip)	• Discuss post-dates options and give written information. • Review and discuss management if post term. • Offer and document CO monitoring for all women regardless of smoking status
41 Weeks	• Offer membrane sweep if MLC or requested by consultant if CLC • Book date for IOL if MLC / Provide a copy of the IOL leaflet and discuss option for outpatient IOL