

Guideline for booking appointments and Midwifery Led Antenatal Care

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Key Amendments

Date	Amendments	Approved by

Introduction

This guideline is based on NICE guidance for antenatal care (NICE 2008). This guideline is for women who have uncomplicated pregnancies, which should be identified at the booking visit using the risk assessment form and the pregnancy notes. Midwifery led care is provided to women with uncomplicated pregnancies

See referral pathways – Appendix 1.

Basic Principles

- Antenatal appointments should be in an easily accessible place for the woman, within her community.
- Use the pregnancy notes to record information, kept by the woman.
- Risk assessment is a continuous process throughout the pregnancy
- In an uncomplicated pregnancy there should be 10 appointments for a primigravida (nulliparous) and 7 appointments for a multigravid (parous) woman
- Each appointment should have a structure and focus. Allow time for informed decision making, for example, screening tests.
- Ensure information is easily understood, including women with additional needs such as physical, sensory or learning disabilities and women who do not speak or read English.
- Enable women to make informed decisions based on current evidence and supported by written information.
- Women should feel able to discuss sensitive issues and disclose problems. Be alert to signs and symptoms of domestic violence.
- Women who are identified as not having had a previous full medical examination in the United Kingdom e.g. refugees asylum seekers and women from vulnerable groups should be referred to a General Practitioner for full medical history.
- Community Midwives and Antenatal Clinic Midwives have a responsibility to ensure women are booked in accordance with referral pathway.

- All women should have their booking appointment before 12 completed weeks of pregnancy. If first contact is made after 12 weeks gestation, ensure that appointment is made within 2 weeks.

First Contact

Community Midwife receives direct referral from woman or via GP.

Booking Appointment (8-10 weeks)

A formal risk assessment should be undertaken at booking to identify any risk factors and refer appropriately, to ensure women needing additional care receive it. If a referral is made due to risk factors a review of previous medical records will be made by the Obstetrician in Antenatal Clinic at the first appointment.

Give Information on:

Folic Acid and Vitamin D Supplements

Food Hygiene

Lifestyle, including smoking cessation, recreational drug use, alcohol consumption.

Domestic Abuse

Document in handheld notes.

Offer Blood tests/Screening and arrange to be taken prior to 10/40 gestation (Provide Screening tests for you and your baby booklet). Please contact screening team if information is required in another language or format.

- Blood group, rhesus status and antibodies- (X1 pink bottle- Request for Antenatal serology form)
- Full blood Count and Haemoglobinopathy.- (X1 purple bottle- family origin questionnaire (FOQ))
- Hepatitis B, HIV, Syphilis-(X1 Gold bottle- Request for Antenatal serology form)

Offer and counsel for Down's, Edward's and Patau's syndrome screening -1st trimester Combined (Can be performed between 11+2/40 and 14+1/40) and 2nd trimester Quad test for Down's syndrome only - (Can be performed between 14+2/40 and 20+0/40).

Document the offer, acceptance/declines of all screening tests in the Maternity hand held notes and Maternity information system (Bluespier).

Checks and Tests

- Calculate body mass index (BMI) from height and weight measurements.
- Measure blood pressure and urinalysis using multistix. Obtain MSU, for asymptomatic bacterium.
- Determine if there are any risk factors for pre-eclampsia and gestational diabetes. If present refer for consultant led care.
- Carbon monoxide testing
- Inform women younger than 25 years about the high prevalence of Chlamydia infection in their age group, give details of the National Screening programme.

- Offer ultrasound scan for gestational age assessment and ultrasound screening for structural anomalies.
- Complete all of the pregnancy notes assessment pages, including:
 - Identifying women who have had genital mutilation (FGM)
 - Any past or present severe mental illness or psychiatric treatment
 - Ask about mood to identify possible depression
 - Note if patient has any allergies
 - Note if patient takes any medication including the dose taken
 - Ask about the woman's occupation to identify any risks.

- Ensure migrant women who have not previously had a full medical examination in the United Kingdom have a medical history taken and clinical assessment made of their overall health by a General Practitioner (GP), using an interpreter if necessary. Advice should be given about registering with a local GP by the midwife at the booking appointment, if they are not already registered with a GP.

Give Information on:

- Antenatal screening (Screening tests for you and your baby booklet)
- Nutrition and diet, including Vitamin D supplements (leaflet)
- Exercise, including pelvic floor exercises (leaflet)
- Pregnancy Plan (WMPI handheld notes)
- Planning place of birth (Place of Birth leaflet)
- Breastfeeding workshops (leaflet)
- Coping with labour and birth sessions(leaflet)
- Maternity Benefits website.

15-16 Weeks

Checks and tests

- Review, discuss and record results of screening tests (Maternity handheld records and maternity information system).If no results available please contact the screening team to investigate as a matter of urgency.
- Measure BP, urinalysis using multistix
- Investigate haemoglobin (Hb) below 11g/100ml and consider iron supplements.
- Offer auscultation of fetal heart for mother's reassurance

Give information on:

- Anomaly scans (18-20 weeks) to detect structural anomalies. If scan shows placenta extending across the internal OS, offer another scan at 32-34 weeks.

25 Weeks for Primigravida GP appt.

Checks and Tests

- Measure BP and urinalysis using multistix.
- Offer auscultation of fetal heart for mother's reassurance

28 Weeks

Checks and Tests

- Measure BP and urinalysis using multistix.
- Offer a second blood screening test for anaemia (FBC) and antibodies.
- Investigate a haemoglobin level below 10.5g/100ml and consider iron supplements.
- Offer single dose Anti-D prophylaxis to women who are rhesus negative.
- Measure and plot symphysis-fundal height.
- Offer auscultation of fetal heart for mother's reassurance
- Discuss Pertussis and flu vaccination, signpost to GP, document in handheld notes.
- Reassess drug and alcohol intake, smoking status, mental health and domestic abuse.

Give information on:

- Breastfeeding: technique and good management practices in line with Baby Friendly Initiative - see Breastfeeding guideline (WAHT-OBS-004). Complete the breastfeeding management section of the management plan for pregnancy within pregnancy notes

31 Weeks for Primigravida GP appt.

Checks and Tests

- Review, discuss and record the results of screening tests undertaken at 28 weeks. (page 7 handheld record)
- Measure BP and urinalysis using multistix.
- Measure and plot symphysis-fundal height.
- Offer auscultation of fetal heart for mother's reassurance

34 Weeks

Checks and Tests

- Review, discuss and record the results of screening tests undertaken at 28 weeks. (page 7 handheld record)
- Measure BP and urinalysis using multistix.
- Measure and plot symphysis-fundal height.
- Offer auscultation of fetal heart for mother's reassurance

Give information on:

- Perineal massage leaflet with instructions given.

36 Weeks

Checks and Tests

- Measure BP and urinalysis using multistix.
- Measure and plot symphysis-fundal height.
- Check position of baby. If breech offer external cephalic version.
- Offer auscultation of fetal heart for mother's reassurance

Give information on:

- Breastfeeding: technique and good management practices in line with Baby Friendly Initiative - see Breastfeeding guideline. Complete the breastfeeding management section of the management plan for pregnancy notes
- Coping with labour and birth and preferences for birth and document on page pregnancy notes
- Care of the new baby, vitamin k prophylaxis and newborn screening tests
- Postnatal self-care, awareness of 'baby blues' and postnatal depression.

- This visit should be offered to take place in woman's home.
 - Reassess drug and alcohol intake, smoking status, mental health and domestic abuse.

38 Weeks GP appointment

Checks and tests

- Measure BP and urinalysis using multistix
- Measure and plot symphysis-fundal height
- Offer auscultation of fetal heart for mother's reassurance

Give information on:

- Options for management of prolonged pregnancy

40 Weeks for Primigravida

Checks and Tests

- Measure BP and urinalysis using multistix.
- Measure and plot symphysis-fundal height.
- Offer auscultation of fetal heart for mother's reassurance

Give information on:

- Further discussion of management of prolonged pregnancy.

41 Weeks

Checks and Tests

- Measure BP and urinalysis using multistix
- Measure and plot symphysis-fundal height.
- Offer auscultation of fetal heart for mother's reassurance

Give information on:

For women that have not given birth by 41 weeks:

- Offer a membrane sweep at Term +8 and Term +10
- Offer Induction of Labour at Term +12

From 42 weeks, offer women who decline induction of labour increased monitoring (at least twice-weekly cardiotocography and ultrasound examination of maximum amniotic pool depth). Consultant obstetrician should be involved in on going plan of care.

Antenatal Interventions NOT Routinely Recommended:

- Breast or pelvic examination
- Iron or vitamin A supplements
- Routine screening for chlamydia, cytomegalovirus, hepatitis C virus, group B streptococcus, toxoplasmosis, bacterial vaginosis
- Routine Doppler ultrasound in low risk pregnancies
- Ultrasound estimation of fetal size for suspected large-for-gestational age unborn babies.
- Routine screening for preterm labour
- Gestational diabetes screening using fasting plasma glucose, random blood glucose.
- Routine fetal movement counting

- Routine auscultation of the fetal heart
- Routine electronic cardiotocography
- Routine ultrasound scanning after 24 weeks

Lifestyle Advice

Work

- Reassure women that it is usually safe to continue working.
- Ascertain a women's occupation to identify risk.
- Refer to the Health and Safety Executive (www.hse.gov.uk)
- Tell women about their maternity rights and benefits.

Nutritional Supplements

- Recommend supplement with folic acid before conception and throughout the first 12 weeks (400 micrograms per day).
- Advise women of the importance of vitamin D intake during pregnancy and breastfeeding (10 micrograms per day). Ensure women at risk of deficiency are following this advice.
- Advise women of Healthy Start Multivitamins which include Vitamin D
- Do not recommend routine iron supplementation.
- Advise women of the risk of birth defects associated with vitamin A, and to avoid vitamin A supplementation (above 700 micrograms) and liver products.

Avoiding Infection

- Advise women how to reduce the risk of listeriosis and salmonella, and how to avoid toxoplasmosis infection.

Medicines

- Prescribe as few medicines as possible and only in circumstances where the benefit outweighs the risk.
- Advise women to use over-the-counter medicines as little as possible.

Complementary Therapies

- Advise women that few complementary therapies have been proven as being safe and effective during pregnancy.

Exercise

- There is no risk associated with starting or continuing moderate exercise. However, sports that may cause abdominal trauma, falls or excessive joint stress, and scuba diving, should be avoided.

Sexual Intercourse

- Reassure women that intercourse is thought to be safe during pregnancy.

Alcohol

- Advise women planning a pregnancy to avoid alcohol in the first 3 months if possible.

Smoking

- Refer to Smoking Cessation and Carbon Monoxide Testing Guideline and refer for smoking cessation support as per the guideline.

Cannabis

- Discourage women from using cannabis.

Air Travel

- Long-haul air travel is associated with an increased risk of venous thrombosis, although the possibility of any additional risk in pregnancy is unclear.

Car Travel

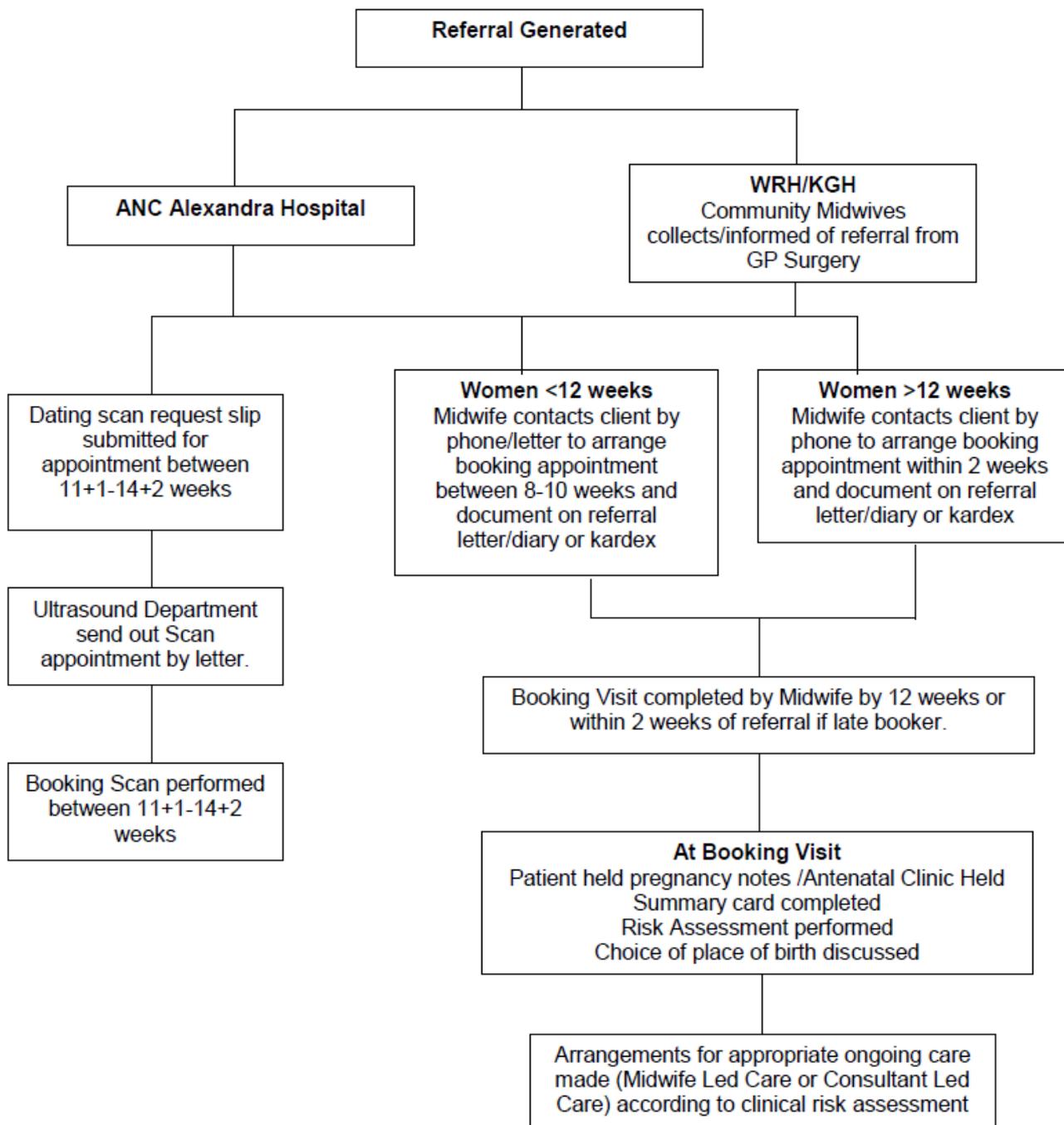
- Advise women that the seat belt should go 'above and below the bump, not over it'.

Travel Abroad

- Advise women to discuss flying, vaccinations and travel insurance with their midwife or doctor.

Appendix 1

REFERRAL PATHWAY



Please note that the key documents are not designed to be printed, but to be used on-line. This is to ensure that the correct and most up-to-date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours and should be read in conjunction with the key document supporting information and/or Key Document intranet page, which will provide approval and review information.