Western Health and Social Care Trust

ANTE NATAL PATHWAY FOR LOW RISK WOMEN

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Western Health
and Social Care Trust

Title	Ante Natal Pathway for Low Risk Women
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Admission Statement
Midwives should care for Women with an uncomplicated pregnancy providing continuous care throughout Pregnancy. Obstetricians and specialist teams should be involved with additional care if needs. (NICE 2008)

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ANTE NATAL PATHWAY FOR LOW RISK WOMEN

ROUTINE ANTENATAL APPOINTMENTS

8-10 weeks	Booking appointment. Risk assessment to ensure appropriate care Straightforward pregnancy
10 -14weeks	Early ultrasound scan by obstetrician to confirm dates. Review, discuss and record the results of screening tests Discuss fetal anomaly scan Risk assessment to ensure appropriate care Straightforward pregnancy
18 -20+6 weeks	Fetal anomaly scan by Obstetric Ultrasonographer
25 weeks	Antenatal examination by community midwife (first baby only) Review fetal anomaly scan Risk assessment to ensure appropriate care Straightforward pregnancy
28 weeks	Antenatal examination. Bloods repeated to check for Anaemia and antibodies Risk assessment to ensure appropriate care Straightforward pregnancy
30 weeks	Rhesus negative women attend clinic for Anti D
31 weeks	Antenatal examination (first baby only) Risk assessment to ensure appropriate care Straightforward pregnancy
34 weeks	Antenatal examination Risk assessment to ensure appropriate care Straightforward pregnancy
36 weeks	Antenatal examination Risk assessment to ensure appropriate care Straightforward pregnancy

38 weeks	Antenatal examination Risk Assessment to ensure appropriate care Straightforward pregnancy
40 weeks	Antenatal examination by community midwife (first baby only) Membrane sweep offered. Risk assessment to ensure appropriate care Straightforward pregnancy
41 weeks	Antenatal examination by community midwife. Membrane sweep offered and date for induction.

If complications arise at any stage or any deviation from normal referral should be made to Obstetrician and transfer to Shared Care or Consultant Care.

8-10 weeks

All women
Checks and tests:-

- Booking
- Risk assessment
- Identify women who may need additional care and plan pattern of care for the pregnancy using assessment for choosing place of birth criteria (Appendix 3)
- Measure height and weight and calculate body mass index.
- Measure blood pressure and test urine for proteinuria
- Offer blood test to check blood group and rhesus D status, and screening for anaemia, red-cell alloantibodies, hepatitis B virus, HIV, rubella susceptibility and syphilis and random blood glucose
- Offer screening for asymptomatic bacteriuria
- Inform women younger than 25 years about the high prevalence of Chlamydia infection in their age group, and give details of their local National Chlamydia Screening Programme
- Offer screening for Down's syndrome > 35 years
- Risk assessment for gestational diabetes (Appendix 4)
- Make appointment for consultant booking 10 weeks 0 days – 13 weeks 6 days
- Ask about any past or present severe mental illness or psychiatric treatment (wholly question)
- Ask about mood to identify possible depression (whooley question)
- Ask about the woman's occupation to identify potential risks

Give specific information on:

- How the baby develops during pregnancy
- Nutrition and diet, including Vitamin D supplements
- Exercise, including pelvic floor exercises
- Antenatal screening, including risks and benefits of the screening tests
- The pregnancy care pathway
- Planning place of birth
- Breastfeeding
- Antenatal classes
- Maternity benefits

10-14 weeks

All women
Booking
Risk Assessment

- Carry out Ultrasound scan to determine gestational age using
  - crown-rump measurement between 10 weeks 0 days and 13 weeks 6 days
  - Biparietal circumference if crown-rump length is above 84mm
- Create customized growth charts (Erne & TCH)
- Book Ultrasound screening for structural anomalies normally between 18 weeks 0 days and 20 weeks 6 days

For women who choose to have screening, discuss and arrange as appropriate:

- Down's Syndrome screening using either :
  - Serum screening test (triple or quadruple test) between 15 weeks 0 days and 20 weeks 0 days
- Amniocentesis or Chorionic Villus Biopsy (refer to RJMS)

18–20+6 weeks

All women
Anomaly Scan:-

- If the woman chooses, an ultrasound scan should be performed between 18 weeks 0 days and 20 weeks 6 days to detect structural anomalies
- For a woman whose placenta extends across the internal cervical os, offer another scan at 34 weeks at Consultant Ante Natal Clinic.

25 weeks

For Nulliparous women
Checks and tests:-

- Measure blood pressure and test urine for proteinuria
- Measure and plot symphyis-fundal height
- Carry out antenatal check
- Review fetal anomaly scan

28 weeks **All women**

Checks and tests:-

- Measure blood pressure and test urine for proteinuria
- Offer a second screening for anaemia and atypical red-cell antibodies.
- Haemoglobin level below 10.5g/ commence oral iron and rechecked in 4 weeks
- If Rhesus negative arrange appointment for 30 weeks
- Measure and ploy symphysis-fundal height
- Carry out antenatal check
- Review result of fetal anomaly scan (parous women only)

30 weeks **All Rhesus negative women – Anti D prophylaxis**

32 weeks **For Nulliparous Women**

Checks and tests:-

- Review, discuss and record the results of screening tests undertaken at 28 weeks
- Measure blood pressure and test urine for proteinuria
- Measure and plot symphysis-fundal height
- Carry out antenatal check

34 weeks **All women**

Checks and tests:-

- Review, discuss and record the results of screening tests undertaken at 28 weeks
- Measure blood pressure and test urine for proteinuria
- Measure and plot symphysis-fundal height

Give specific information on:

- Preparation for labour and birth, including the birth plan, recognizing active labour and coping with pain
- Breastfeeding technique and good management practices; Complete infant feeding checklist

36 weeks **All women**

Checks and tests:-

- Measure blood pressure and test urine for proteinuria
- Measure and plot symphysis-fundal height
- Check the position of the baby. If not cephalic presentation refer to Consultant Ante Natal Clinic.
- Carry out antenatal check

36 weeks cont'd	**Give specific information (at or before 36 weeks) on:** • Care of the new baby, Vitamin K prophylaxis and newborn screening tests • Postnatal self-care, awareness of 'baby blues' and postnatal Depression
38 weeks	**All women** **Check and tests:-** • Measure blood pressure and test urine for proteinuria • Measure and plot symphysis-fundal height • Carry out antenatal check • **Give specific information on:** • Options for management of prolonged pregnancy – Induction of Labour Guideline
40 weeks	**For Nulliparous Women** **Checks and tests:-** • Measure blood pressure and test urine for proteinuria • Measure and plot symphysis-fundal height • Further discussion of management of prolonged pregnancy – follow Induction of Labour policy • Give date for Induction of Labour • Offer a membrane sweep
41 weeks	**All Women** **Check and tests:-** For women who have not given birth by 41 weeks • Offer a membrane sweep • Offer Induction of Labour • Measure blood pressure and test urine for proteinuria • Measure and plot symphysis-fundal height • Give date for Induction of Labour Term + 10-14 days will have daily CTGs Term + over 14 days will have Ammotic fluid index, Doppler and CTG daily

Appendix 1

Basic Principles of Antenatal Care

Midwives should care for women with an uncomplicated pregnancy, providing continuous care throughout the pregnancy. Obstetricians and specialist teams should be involved where additional care is needed.

Antenatal appointments should take place in a location that women can easily access. The location should be appropriate to the needs of women and their community.

Maternity records should be structured, standardized, national maternity records, held by the woman.

In an uncomplicated pregnancy, there should be 10 appointments for nulliparous women and 7 appointments for parous women.

Each antenatal appointment should have a structure and a focus. Appointments early in pregnancy should be longer to provide information and time for discussion about screening so that women can make informed decisions.

If possible, incorporate routine tests into the appointments to minimize inconvenience to women.

Women should feel able to discuss sensitive issues and disclose problems. Be alert to the symptoms and signs of domestic violence.

Appendix 2

Lifestyle Advice

Work

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

Nutritional Supplements

- Recommend supplementation 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.
- 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 which may cause abdominal trauma, falls or excessive joint stress, as well as 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 pregnancy

Smoking

- Discuss smoking status and give information about the risks of smoking during pregnancy.
- Give information, advice and support on how to stop smoking throughout the pregnancy. Give details of, and encourage women to use, NHS Stop smoking Services and the NHS Pregnancy Smoking Helpline (0800 1699169)
- Discuss nicotine replacement therapy (NRT)
- If women are unable to quit, encourage them to reduce smoking.

Cannabis

- Discourage women from using cannabis.

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
- Long-haul air travel is associated with an increased risk of venous thrombosis, although the possibility of any additional risk in pregnancy is unclear.
- In the general population, compression stockings are effective in reducing the risk.

Appendix 3

Exclusion Criteria:

The option of Midwife Led Care with delivery in the Midwife led unit should be offered and available to all women suitable for this, see exclusion criteria below. .

The decision to be booked under Midwife led care will be made at each visit.

Maternal Requests	Maternal request for Shared Care
Cardiovascular	Cardiac disease Hypertensive disorders
Respiratory	Asthma requiring an increase in treatment or hospital treatment. Cystic fibrosis
Haematological	Haemogloinopathies – sickle cell anaemia, beta thalassaemia major History of thrombo-embolic disorders Thrombocytopenia Von Williebrands disease Bleeding disorders in mother Rhesus disease- atypical
Infective	History of Group B streptoccus whereby antibiotics in Labour is recommended Hepatitis B/C with abnormal liver function tests HIV Toxoplasmosis – mother receiving treatment Current active infection of Chickenpox/Rubella/Genital Herpes in mother Tuberculosis
Immune	System Lupus erthematosis (SLE) Scleroderma Other connective tissue disorders
Endocrine	Diabetes Thyroid disorders
Renal	Renal disease

Neurological	Epilepsy Myasthenia gravis Spinal abnormalities Neurological defects
Gastro-Intestinal	Liver disease Crohn's disease Ulcerative colitis

Obstetric History

Previous Complications	Significant APH or PPH Previous stillbirth or neonatal death Pre-eclampsia/eclampsia Uterine rupture Placental abruption Primary postpartum haemorrhage Retained placenta on 2 occasions Previous caesarean section History of previous baby >4.5kgs Previous 3rd and 4th degree tear Puerperal psychoses DVT
Current pregnancy	Induction of labour BMI <18 > 35 IUD Parity 5 or > Prematurity <37 weeks Psychiatric disorder or substance abuse Smokers > 10 a day
Fetal indications	Proven small for gestation age fetus Intra-uterine growth restriction Abnormal presentation at 36 weeks Abnormal fetal heart rate or Doppler studies Oligo/poly-hydramios Maternal drug/alcohol use
Previous Gynaecological History	Major Gynaecological surgery Myomectomy Fibroids