Gloucestershire Hospitals

NHS Foundation Trust

TRUST POLICY

ANTENATAL CARE

A2002

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All document profile details are recorded on the last page.

All documents must be reviewed by the last day of the month shown under “review date”, or before this if changes occur in the meantime.

FAST FIND: antenatal care; place of birth; risk assessment, midwife-led care pathway, routine antenatal care, anaesthetic referral, none attendance for care, DNA,

DOCUMENT OVERVIEW: provides advice on the care of healthy pregnant women for the use of clinicians providing antenatal care. It also provides the information and factors needing to be considered by women when making an informed choice concerning place of birth and lead professional.

This document may be made available to the public and persons outside of the Trust as part of the Trust's compliance with the Freedom of Information Act 2000

ANTENATAL CARE

ACTION CARDS

Action Cards AC1 - Midwifery Led Care pathway (routine care for healthy pregnant women)
Action Card AC2 – Management of Common Symptoms in Pregnancy
Action Card AC3 –Community Midwife Booking Process
Action Card AC4 – Criteria for place of Birth Tables
Action Card AC5 – None Attendance for Antenatal Care

ASSOCIATED DOCUMENTS

Y1035 New Pregnancy Referral Form
Y0467 Midwives Notification of Concerns Form
Y0854 Booking Proforma
Y0846 Birth Unit Risk Assessment form
Y0967 Anaesthetic Referral form
Y1131 None Attendance for Antenatal Care Checklist
Midwife Led Care Sticker

RELATED DOCUMENTS

RD1 DNA LETTER 1
RD 2 DNA LETTER 2
RD 3 DNA LETTER 3

ANTENATAL CARE

A2002

1. INTRODUCTION

1.1 Pregnancy is a normal physiological process and as such, any interventions offered should have known benefits and should be acceptable to pregnant women. Women should be the focus of maternity care, with an emphasis on providing choice, easy access and continuity of care. Care during pregnancy should enable a woman to make informed decisions, based on her needs, having discussed matters fully with the healthcare professionals involved. This policy aims to provide advice on the care of healthy pregnant women for the use of clinicians providing antenatal care. It also provides the information and factors needing to be considered by women when making an informed choice concerning place of birth and lead professional.

2. DEFINITION

2.1 Antenatal care begins with conception and ends with the birth. It constitutes screening for health and socioeconomic conditions likely to increase the possibility of adverse pregnancy outcomes, providing therapeutic interventions known to be effective and education women about safe pregnancy and birth (World Health Organisation, 2008)

3. ROLES AND RESPONSIBILITIES

Post/Group	Details	Resources	Review/ Monitoring	Implementation	Records	Reporting
All groups named below	• following this and associated policies/procedures • utilise the information within this guideline to provide the best evidence and practice • take reasonable care of self and others	x	x	x	x	x
Named Midwife and GP	• Ultimately responsible for coordination of care for woman and newborn • To ensure plans for care are clearly documented in the maternity health record and that when women miss appointments, clear documented evidence of attempts to make contact. • communicate with the multi-professional team • care for women with an uncomplicated pregnancy, providing continuous care throughout the pregnancy • referral to obstetric services when risks are identified	x	x	x	x	x
Midwives	• work closely with members of the multidisciplinary team to ensure women receive optimum care to achieve the best outcome • document and record all observations and management plans • ensure excellent communication between team members • To act as experts in the field of normal care and refer when deviation from the normal care pathway occurs • To inform named community midwife of any missed appointments.	x	x	x	x	x
Specialist Midwives – Antenatal Screening coordinator, Substance Misuse, Teenage Pregnancy, Infant feeding	• Will act as a resource for women and other maternity healthcare staff caring for woman known to the specialist midwifery team • Provide expert knowledge during care provision to women identified as in need of specialist services • To inform named community midwife of any missed appointments.	x	x	x	x	x
Maternity Care Assistants Nursery Nurses	• To support the midwife and woman / family during the antenatal care period					

Obstetricians	• should be involved when additional care is needed • work closely with members of the multidisciplinary team to ensure women receive timely interventions and optimum care to achieve the best outcome • document and record all observations and management plans • ensure excellent communication between team members	**x**	**x**	**x**	**x**	**x**
Anaesthetists	• work closely with members of the multidisciplinary team to ensure women receive timely interventions and optimum care to achieve the best outcome • document and record all observations and management plans • ensure excellent communication between team members	**x**	**x**	**x**	**x**	**x**
Laboratories (haematology / pathology / microbiology	• work closely with members of the multidisciplinary team • process samples and provide results in a timely manner • provide expert opinions and support • early senior team member consultant level advice					
Antenatal Forum	• Responsible for review and amendment • Monitoring effectiveness of policy • Audit and actions		**x**			
GOGG (Gloucestershire Obstetric Guidelines Group)	• Approval and maintenance • Implementation		**x**			
Maternity Clinical Governance	• Ratification • Outstanding audit actions		**x**			

4. PROVISION OF ANTENATAL CARE, RISK ASSESSMENT AND CRITERIA FOR PLACE OF BIRTH

4.1 Risk assessment criteria for choosing place of birth and identifying lead professional recommended care pathway are found on action card AC4. The initial risk assessment will highlight any deviation or potential deviation from the normal and will instigate a referral for Obstetric Opinion and plan for care.

4.2 Antenatal appointments should take place in a location that women can access easily and is appropriate to the needs of the women.

4.3 Maternity records should be structured, standardised and held by the women.

4.4 In an uncomplicated pregnancy, there should be:

- 10 appointments for nulliparous women
- 7 appointments for multiparous women

(see action card AC1 for the schedule of appointments and expectations for each appointment)

4.5 Women should have the opportunity to discuss sensitive issues and disclose problems. Health professionals should be alert to signs of safeguarding issues and should any concerns arise, an Y0467 Midwives Notification of Concerns Form should be completed.

4.6 The assessment of living situation (domestic abuse) will be discussed and the box completed and signed in the hand held record, when this discussion has taken place. A ✓ meaning discussion has taken place and no concerns have been raised, a ✕ meaning disclosure of problems and blank meaning opportunity for discussion has not yet occurred and needs to take place. GHNHSFT Safeguarding adults policy

5. WOMEN CENTRED CARE AND INFORMATION GIVING

5.1 Women, their partners and their families should always be treated with kindness, respect and dignity. Care and information should be culturally appropriate.

5.2 Women should have the opportunity to make informed decisions about their care and treatment, in partnership with their healthcare professionals. If women do not have the capacity to make decisions, healthcare professionals should follow the Department of Health guidelines – 'Reference guide to consent for examination or treatment' (2001) (available from www.dh.gov.uk).

5.3 Good communication between healthcare professionals and women is essential. Where communication is a problem either due to special needs or language difficulties, staff should refer to Trust Translation and Interpretation Policy & Guide.

5.4 Information should be given a timely manner appropriate for the women's gestation and where possible it should supported by written information.

5.5 Antenatal information that should be given and discussed at the appropriate gestation. For further details on patient information and discussion please refer to the Maternity Provision of Information Policy.

6. ANTENATAL SCREENING

6.1 For all antenatal screening offered at GHNHSFT please refer to GHNHSFT Antenatal Screening Policy and Early Referral. For completion, a list of all antenatal screening tests is listed in table below.

Routine Antenatal Screening Offered and Tests	**Timescales**
Measure Body Mass Index Accurately with calibrated scales and height measure stick do not rely on self reporting	At Booking appointment / 12 week scan and blood appointment.
Bacteriuria testing (urine)	At Booking appointment
Measure Blood Pressure & Test Urine for Protein	All antenatal appointments
Haemoglobin estimation, blood group, rhesus and antibodies	at booking visit; repeat at 28 weeks
If woman's blood group is Rhesus D negative	Repeat at 28 and 34 weeks
Haemoglobinopathy screening	At booking appointment (8-10 weeks)
Antenatal screening for infectious diseases: Syphilis Hepatitis B Human Immunodeficiency Virus (HIV) Rubella status	At booking appointment (8-10 weeks) or at appointment following dating scan (12 weeks approximately)
Down's Syndrome screening: Serum integrated screening 1st trimester sample Serum integrated screening 2nd trimester sample **NHS Combined Test** (for selected groups): First trimester blood sample Nuchal Translucency Scan **Quadruple test** (for women who present too late for Serum integrated/ Combined Test/ or in whom a NT measurement is not possible)	 From 10 to 13+6 weeks From 15+0 to 20+0 weeks From 10+0 to 14+1 weeks From 11+2 to 14+1 weeks, equating to a CRL (crown rump length between 45mm and 84mm) 14+2 to 20+0 weeks
Ultrasound Dating scan	at 10 to 12 +6 weeks or on presentation if late booking
	From 15+0 to 20+0 weeks
Detailed ultrasound anomaly scan	Between 18+0 and 20+6 weeks
Symphysis Fundal Height (SFH) measurement	All antenatal appointments after 24 weeks of pregnancy, plotted on graph and referral if falls below normal parameters as indicated on graph or 3cm or more discrepancy with gestational age. If above normal parameters referral at midwives discretion.
Additional Screening Tests: the following are / may be offered	**Time scales**
Screening for gestational diabetes in high risk women Previous gestational diabetes	GTT 24-28 weeks refer to GHNHSFT Gestational Diabetes guideline
Screening for pre-eclampsia	As appropriate if clinically indicated
Assessment of risk for venous thromboembolic disease	Booking, every admission to hospital
Mental Health Assessment	At Booking appointment, repeat at 36 weeks

6.2 Pregnant women should be informed about the purpose of any test before it is performed. The healthcare professional should ensure the woman has understood this information and has sufficient time to make an informed decision. The right of a woman to accept or decline a test should be made clear and any subsequent decision to accept or decline screening must be documented in the hand held records.

6.3 For women who attend for maternity care late into their pregnancy, antenatal screening tests should be offered at the earliest opportunity. For comprehensive details of the required tests please refer to GHNHSFT Antenatal Screening Policy and Early Referral.

7. BOOKING APPOINTMENT

7.1 When a pregnant woman makes the first contact with a health professional.

- If the first contact is with a midwife, the woman will be given the standard pre-booking information pack and asked to complete her details within the healthcare records.
- If the first contact is with a General practitioner (GP), an appointment will be made for the woman to see her midwife, at which point the standard pre-booking information pack will be given.
- Following this first contact, women will be asked to make an appointment to see her community midwife via the GP surgery to complete the booking process.

7.2 A booking visit should ideally be done by 10 weeks of the pregnancy, and the first full booking visit and hand held records completed by 12 weeks. Following the booking appointment, the appropriate documentation is completed by the midwife, including the computer record, ensuring the woman is referred for midwife-led or consultant led care and that all risk assessments are documented in the Maternity Hand Held Records. The hospital health records are then generated and all records of previous pregnancies are requested and amalgamated with current record. See GHNHSFT Maternity Health Records Policy.

7.3 All pregnant women who make their first contact with a health professional after 12 weeks of pregnancy (late bookers), should be seen within 2 weeks of their referral to the maternity service. The process for arranging such appointments is as point 7.1; the community midwife will ensure this is completed within 2 weeks of first contact and documented as so within the hand held records. When women move into area the date of booking is the original date of booking with maternity services in any area, this must be entered accurately onto the computer records.

7.4 The booking visit provides the midwife with an ideal opportunity to discuss and provide information on the all the aspects of the pregnancy, health promotion and lifestyle affecting the woman and her unborn baby (NICE, 2008). The midwife will also risk assess the woman's pregnancy and health, based on her medical, previous obstetric, anaesthetic, social/life style and psychological history, see action card AC4. Based on this assessment, the midwife will make a recommendation on a suitable lead professional for this woman, in this pregnancy, as well as the most suitable place for her to birth her baby and make referral to relevant lead professional following discussion with the woman, see 7.7. Booking process see action card AC3. Pregnancy Booking Proforma Y0854 and New Pregnancy Referral Form Y1035

7.5 Every woman will be asked at the booking visit whether they will accept blood and blood products and this will be documented in the Maternity Hand Held Records. Any woman who intends to refuse blood should be referred to a consultant obstetrician for an appointment during the antenatal period and actively encouraged to deliver in The Women's Centre, Gloucestershire Royal Hospital, see GHNHSFT A0168 Jehovahs Witness (The Treatment of)

7.6 All women who are suitable for Midwife led care at booking will have a Midwife – Led Care Sticker on the front of the hand held records, in the place of birth box.

7.7 Risk assessment of a woman's pregnancy is an on-going process dependant on changes of her and her unborn baby's health. A formal risk assessment is undertaken at booking, 36 weeks and at the commencement of labour and fully documented in the hand-held records. Best practice would be to utilise the risk assessment boxes/ special consideration boxes within the ante-natal post-natal and intrapartum sections.

7.8 At any point, if the woman develops risk factors that necessitates a change in the lead professional for her care, this should be clearly documented in her hand held records, maternity hospital records (if

accessible) and computer records. However, if risk factors develop on the intrapartum period resulting in a change of lead professional; it is acceptable to omit documenting this change in the woman's hand held notes. Documentation in the maternity hospital records should reflect discussions with the woman and the identified risk factors necessitating a recommended change in the lead professional in the woman's care.

7.9 Referral Process - Women who do not meet the criteria for Midwifery led care (as per action card AC4) should be referred to a senior obstetrician by the community midwife undertaking the booking visit. Community midwives can directly refer such women to an obstetrician for consultation or an opinion. Discussion with the woman should include the identified risk factor(s) leading to the midwife's recommendation for consultant led care or opinion. This should be documented in the woman's hand held maternity health records.

7.9.1 Where a woman who does not meet the criteria for Midwifery led care and declines consultant care, then the midwife must act according to the Midwives Code of Practice (NMC, 2004). This means that advice must be sought from an obstetrician. It does not necessarily mean that the woman cannot have midwifery led care. The woman should be referred for a Consultant opinion. In the rare circumstances where, a woman declines to attend for this appointment or decides against compliance with consultant's advice, then the named midwife must inform a Supervisor of Midwives, a generic risk assessment is undertaken to enable a plan of care to be formulated with the woman.

7.9.2 For women who have marginal risk factors, the community midwife may choose to refer for an obstetric opinion before recommending a suitable lead professional. Dependant on the Obstetric opinion a woman may then be referred back to the midwife led care pathway. This opinion and plan for care must be documented in the maternal hand held records.

7.9.3 In some rare cases, the woman may have no obstetric risk factors but may have some anaesthetic risks factors e.g past history of difficult airway intubation or severe needle phobia. The midwife may choose to directly refer such women for an anaesthetic referral or opinion. See section 2 and table 6.

7.9.4 In some circumstances women may have no risk factors be suitable for midwife led care but request epidural for labour, in these circumstances midwife led care can be provided antenatally, with the planned place of birth at the obstetric unit to accommodate the request for epidural, opting out of midwife led care.

7.10 Women who have **not** previously had a full medical examination in the United Kingdom should be referred by the community midwife to be seen for a full medical examination and clinical assessment of their overall health. An interpreter will be used at this assessment if considered necessary (as per GHNHSFT Translation and Interpreting Policy and Guide,). In cases where the woman has no GP, the community midwife should discuss the woman's care with the obstetric team.

8. SUMMARY OF ANTENATAL SCHEDULE AND EXPECTATION FOR EACH APPOINTMENT / RISK ASSESSMENT (See action card AC1)

8.1 At each antenatal visit this schedule will be followed to provide evidence based care (NICE 2008). Any deviation from the normal, highlighted during the risk assessment, warrants discussion, referral as necessary and a clear management plan documented within the maternity health care records.

8.2 An assessment of risk should be undertaken for all women at the booking visit addressing social, physical and medical needs (National Collaborating Centre for Women's & Children's Health 2003 & RCOG 2004). This in turn should inform the choice of lead professional. This information, along with the named lead professional must be reviewed and updated if circumstances change (National Collaborating Centre for Women's & Children's Health & RCOG 2004).

8.3 When a risk is identified during the risk assessment at each antenatal visit, the midwife undertaking the examination should refer the woman to the consultant obstetrician for review and further management plan, by telephoning the antenatal clinic and making the next available appointment. If the risk identified is urgent direct contact should be made to the Triage / on-call obstetrician and admission to hospital arranged.

8.4 Auscultation of the fetal heart may confirm that the fetus is alive but is unlikely to have any predictive value and routine listening is therefore not recommended. Auscultation of the fetal heart will not be attempted prior to 16 weeks. However, when requested by the mother, after 16 weeks, auscultation of the fetal heart may provide reassurance. (NICE 2008). If when requested, the fetal heart cannot be detected, the midwife must contact the day assessment unit within the antenatal clinic and arrange for the woman to be seen and presence of the fetal heart confirmed, or not, and reassurance or plan for care arranged. Out of hours women will be seen in Triage.

8.5 From 25 weeks symphysis fundal height should be measured and plotted at each antenatal appointment. A discrepancy of 3cm or more below the gestational age warrants referral for ultrasound and obstetric opinion within 5 working days. At subsequent appointments should the symphysis fundal height continue to measure and plot 3 cm or more below the gestational age, discussion with a senior obstetrician is necessary to formulate an ongoing plan for care, which is to be carefully documented in the maternal hand held records. See GHNHSFT Reduced fetal movement Intrauterine Growth Restriction Policy

8.6 At 36 weeks a further risk assessment must be undertaken for all women, to ensure the midwife-led criteria is still appropriate, completing home / birth unit risk assessment form Y0846 and updating the Midwife-led Care Sticker. The relevant Birth Unit must be telephoned and informed of the woman's name, MRN, parity and EDD. See GHNHSFT Midwife-led Care Guideline

9. MANAGEMENT OF COMMON SYMPTOMS IN PREGNANCY (See action card AC2)

10. PROCESS FOR REVIEWING AND FOLLOW UP OF RESULTS

For detailed arrangements for the process of reviewing, follow up and filing of antenatal tests results please refer to Trust Antenatal Screening Policy and Early Referral for Fetal Abnormality Guideline.

11. WHO DO NOT ATTEND FOR ANTENATAL CARE (DNA)

11.1 The Confidential Enquiry, Why Mother's Die 2000-2002 (RCOG 2004) reported that 20% of women who died from either Direct or Indirect causes (World Health Organisation, 2004) had either booked for maternity care after 22 weeks gestation or had missed four or more routine antenatal visits.
Women must be informed that it is their responsibility to make appointments with the midwife or the General Practitioner (GP). A schedule of visits must be outlined in the woman's hand held notes and contact telephone numbers clearly provided.

11.2 Midwives/ health professionals should provide clear and documentary evidence of attempts to make contact with women who fail to attend for antenatal care. This should be easily accessible to all health professionals who may be involved with an individual's care provision. Clear documentation in the Maternity Health Care Records recording attempts to make contact and give antenatal care will assist in informing all health professionals involved in maternity care.

11.3 When a woman repeatedly does not attend appointments, or declines antenatal care, consideration should be given to referring her to a social worker. This should also be discussed with a supervisor of midwives.

11.4 Whilst it is acknowledged that women are responsible for themselves and may or may not choose to accept care offered, midwives and GP's have a responsibility to follow up women who do not attend for antenatal care. For procedure for follow up of non attending women see action card 5 - AC5.
The non Attendance for Antenatal Care Proforma will be completed and will remain in the area where the appointment was missed until a subsequent appointment has been attended and the woman is seen. The form will be then filed in the Maternity Health Care Records.

11.4.1 Factors for none-attendance

- Teenagers
- Non English-speaking women
- Women from travelling families
- Women who misuse substances
- Women with learning disabilities

11.5 It is important that the midwife confirms the woman's address at every antenatal visit as it appears that a large number of women appear to change their address during pregnancy (RCOG 2004).

11.6 It is not possible to follow up women who are unknown to the service.

11.5 Management of Non-attendance for antenatal care see AC5

11.7 For episodes of none attendance a Non Attendance for Antenatal Care Checklist must be commenced and once completed, filed in the correspondence section of the health records

12. MATERNITY REFERRALS FOR ANAESTHETIC ASSESSMENT

12.1 The Consultant Obstetric Anaesthetists must be informed about all patients who have a medical condition or religious beliefs that could become a problem in labour, so that they can anticipate potential problems and prepare to minimise any risks (Association of Anaesthetists' of Great Britain and Ireland and the Obstetric Anaesthesia Association 2005 & Confidential Enquiry into Maternal & Child Health 2007).

12.2 Any member of the midwifery or medical staff can directly refer a woman for an anaesthetic referral. Anaesthetic Referral form Y0967 to be sent to Department of Anaesthesia, Ground Floor Tower Block, GRH

12.3 Referrals must be made as soon as any potential problem is identified in the woman's pregnancy.

12.4 Referral Criteria

12.4.1 The following list suggests the conditions for which women should be referred for an anaesthetic assessment. Depending on the problem this may involve seeing the patient in the antenatal clinic and formulating a plan for care or a phone call may be all that is needed for patient reassurance.

A past medical history of any anaesthetic problems	
Respiratory Problems	severe asthma; cystic fibrosis; pulmonary embolus on anticoagulants; history of pneumothoraces
Neurological Problems	Any neuromuscular disease e.g. muscular dystrophy; multiple sclerosis; focal neurological signs; Poorly controlled epilepsy; myalgic encephalopathy (ME); spina bifida
Muscular-skeletal Problems	scoliosis; Harrington rods; Rheumatoid arthritis / Still's Disease
Endocrine problems	unstable thyroid disease
Haematological problems	Idiopathic thrombocytopaenia purpura (ITP); sickle cell disease; congenital spherocytosis; Von Willibrand's Disease
Renal Disease	renal transplant
Allergies/ Drug sensitivities / Drug abuse	multiple allergy syndromes; allergies to local anaesthetics; latex allergy allergy to suxamethonium; Known scoline apnoea history or family history of malignant hyperpyrexia history of intravenous drug abuse
Airway Problems	known difficult intubation; obvious anatomical features suggestive of a difficult intubation e.g. bucked teeth, receding jaw; reduced neck movement

Rare But Serious Medical Conditions	malignant disease
Known Obstetric Conditions That Pose An Increased Risk During Labour	placenta praevia Planned Caesarean section with complex past surgical history; more than 3 previous Caesarean sections
Cultural/Religious Beliefs	Women who decline blood or blood products Any religious/cultural beliefs which may have a detrimental impact on care
Obesity	BMI greater than 40 at booking with co morbidities (The referral letter should include both BMI and weight of the patient) BMI greater than or equal to 50 at booking
Needle Phobia	

13. TRAINING

*Level of training required	Staff Group / s	Division / Department	Frequency of training / update	Method of training delivery	Lead and department responsible for provision of training
A	Midwives and obstetricians	Women and Children's	Once	Cascade of information via meetings and newsletter	K.Davis S.Claridge

*Levels of Training

A = Awareness **(Micro-teach, drop in session, e-learning)**	B= ½ day (2.5 – 3 hours) **(workshop, training event, e-learning)**	C = Full day (5-6 hours) **(workshop, training event)**	D= Course **(more than one day training)**

15. MONITORING OF COMPLIANCE

15.1 This list is not exhaustive and additional criteria may be included at the Trust discretion

15.2 The audit will include the current CNST level 3 Maternity standards and sample size

15.3 Sample sizes selected will be dependent on the cohort size. The data collection period will be identified by the Maternity CNST Lead

15.4 Action plans will be developed and reviewed as required by the instigating body

15.5 The audit will be carried out using the standardised audit tool and methodology as agreed by the maternity audit team and in line with the audit process.

15.6 The audit results will be presented to the multidisciplinary Obstetrics and Gynaecology Audit presentation meeting.

15.6 Where deficiencies are identified, an action plan will be developed by the Multidisciplinary Obstetrics and Gynaecology Audit presentation meeting. These action plans are implemented and monitored by the Associated Forum identified in the grid below.

		Monitoring of Compliance				
Source		**Criteria (Objective to be measured)**	**Monitoring Methodology**	**Lead Responsible**	**Time scales**	**Reporting arrangements**
CNST 4.1 level 3	i	**First full booking visit and hand held record completed by 12 completed weeks of pregnancy**	- case-note audit against criteria in policy document & collation of ongoing data collection - Ongoing data	Community Senior Midwifery Manager / Matron Community	Annually until compliance met thereafter triennially	Antenatal Forum Antenatal Forum

			collection	Midwives	Ongoing	
CNST 4.1 level 3	ii	**Women, who on referral to the maternity service are already 12 weeks or more pregnant, are offered an appointment to be seen within 2 weeks of referral.**	- case-note audit against criteria in policy document - Ongoing data collection - vital signs data monthly for PCT (STORK enquiry)	Community Senior Midwifery Manager / Matron Community Midwives Information Department	Annually until compliance met thereafter triennially Ongoing Monthly	Antenatal Forum Antenatal Forum Divisional Board (Dashboard)
CNST4.1	iii	Migrant women who have not previously had a full medical examination in the UK have a medical history taken and clinical assessment made of their overall health, using an interpreter if necessary	case-note audit against criteria in policy document	Community Senior Midwifery Manager / Matron	Triennially	Antenatal Forum
CNST 4.1	iv	Availability of health records from previous pregnancies for review by clinicians	case-note audit against criteria in policy document	Community Senior Midwifery Manager / Matron	Triennially	Antenatal Forum
CNST 4.2 Level 3	v	**Documentation that women who miss any type of antenatal appointment have been followed up**	case-note audit against criteria in policy document identification from PAS/CRIS appointment system and white Midwifery Care Card	Community Senior Midwifery Manager / Matron	Annually until compliance met thereafter triennially	Antenatal Forum
CNST 4.2	vi	Documentation that women who miss any antenatal appointments are seen	case-note audit against criteria in policy document identification from PAS/CRIS appointment system and white Midwifery Care Card	Community Senior Midwifery Manager / Matron	Triennially	Antenatal forum
CNST4.3 level 3	vii	**Antenatal risk assessments undertaken and documented**	case-note audit against criteria in policy document	Community Senior Midwifery Manager / Matron	Annually until compliance met thereafter triennially	Antenatal Forum
CNST 4.3 level 3	xvi.	**Documentation of consideration of:** **- medical conditions including anesthetic and psychiatric history** **- factors from previous pregnancies** **- lifestyle history** **- identification of women who decline blood and blood products** **- risk assessment for appropriate place of birth** **- Individual management plan for women in whom risks are identified** **- referral for women in whom risks are identified during the clinical risk assessment** **- referral back to midwife-led care if appropriate**	case-note audit against criteria in policy document	Community Senior Midwifery Manager / Matron	Triennially	Antenatal Forum
PCT requirement		First full booking visit and hand held record completed by 12 completed weeks of pregnancy	- vital signs data monthly for PCT (STORK enquiry)	Information Department	monthly	Divisional Board (Dashboard)

16. REFERENCES

Confidential Enquiry into maternal and Child Health (CEMACH) (2004) Why Mothers Die 2000-2002. The Sixth Report of the Confidential Enquiry into Maternal Deaths in the United Kingdom London: RCOG Press

Department of Health (2001) Reference Guide to Consent for Examination or Treatment Crown Copyright.

GHNHSFT Midwifery Led Care Gloucestershire Hospitals NHS Trust

GHNHSFT Antenatal Screening Policy

GHNHSFT (2012) Health Records Policy

GHNHSFT (2011) Translation and Interpretation Policy & Guide Gloucestershire Hospitals NHS Trust

GHNHSFT (2008) Maternity Provision of Information Policy

GHNHSFT (2008) Trust Patient Information and Discussion guideline Gloucestershire Hospitals NHS Trust

National Institute for Health and Clinical Excellence (2008) Antenatal Care. Routine care for the healthy pregnant woman. London

National Collaborating Centre for Women's & Children's Health (2003) Antenatal Care; Routine Care for Healthy Pregnant Women. London: RCOG Press

Nursing and Midwifery Council (NMC)(2004) Midwives Rules and Standards

World Health Organisation (2008) Antenatal Care Coverage (percentage) http://www.who.int/whosis/indicators/compendium/2008/3acf/en/.

World Health Organisation (2004) International Statistical Classification of Diseases and Related Health Problems. 10th Revision. 2nd Edition. Geneva: World Health Organisation

	Version	Reason for review	Ratified
Sarah Claridge Community Midwifery Manager Helen Best Community Midwife	Version 1 Written September 2008	New guideline with NICE Antenatal Care document	Gloucestershire Obstetric Guideline Group (GOGG)
Anushia Goodman Practice Development Midwife	Version 2 Review September 2009	Review following CNST	Gloucestershire Obstetric Guideline Group (GOGG)
Sarah Claridge Community Midwifery Manager Dawn Morrall Assistant Director Midwifery and Nursing	Version 3 Review September / December 2010 August 2011	Review with Midwife led care Pathway development Minor amendment	Gloucestershire Obstetric Guideline Group (GOGG)
Sarah Claridge Community Midwifery Manager Dawn Morrall Assistant Director Midwifery and Nursing Kirsty Davis Practice Development Midwife	Version 4 Review April 2012	Review following Audit, formal non attendance process	Gloucestershire Obstetric Guideline Group (GOGG)

ROUTINE ANTENATAL CARE POLICY – DOCUMENT PROFILE

DOCUMENT PROFILE	
REFERENCE NUMBER	A2002
CATEGORY	Clinical
VERSION	4
SPONSOR	Vivien Mortimore
AUTHORS	Sarah Claridge Kirsty Davis Dawn Morrall
ISSUE DATE	April 2012
REVIEW DETAILS	April 2015 – Antenatal Forum
ASSURING GROUP	Gloucestershire Antenatal Forum
APPROVING GROUP	Gloucestershire Obstetric Guideline Group (GOGG)
APPROVAL DETAILS	09/09/2008 item 3.3 – GOGG 12/09/2008 – Trust Clinical Policy Group 25/08/2009 item 4.3.2 – GOGG 15/09/2009 item 9 – Trust Clinical Policy Group 08/10/2009 item 138/09/35 – Senior Nurse Committee 19/11/2009 item 152/09.24 – Senior Nurse Committee 03/09/2010 item 4.1 – GOGG 21/12/2010 item 4.1.16 – GOGG 02/08/2011 – GOGG minor ammendment to V3 03/04/2012 – GOGG
DISSEMINATION DETAILS	Upload to Policy Site; cascade via Women and Children's Division
KEYWORDS	antenatal care; place of birth; risk assessment, DNA, None attendance, Anaesthetic referral,
RELATED TRUST DOCUMENTS	AC1 AC2 AC3 AC4 AC5 Y1035 New Pregnancy Referral form Y0467 Midwives' Notification of Concerns Form Y0854 Booking Proforma Y0846 Birth Unit Risk Assessment form Y0967Anaesthetic Referral form Y Non Attendance for Antenatal Care Checklist A0168 Jehovahs Witness (The Treatment of) Midwife Led Care Sticker
OTHER RELEVANT DOCUMENTS	Safeguarding adults policy Translation and Interpretation Policy & Guide Maternity Provision of Information Policy Antenatal Screening and Early Referral

Gloucestershire Hospitals NHS
NHS Foundation Trust

EQUALITY IMPACT ASSESSMENT

INITIAL SCREENING

1. Lead Name : Kirsty Davis
Job Title : Practice Development Midwife

2. Is this a new or existing policy, service strategy, procedure or function?
New Existing ✓

3. Who is the policy/service strategy, procedure or function aimed at?
Patients Carers Staff ✓ Visitors
Any other Please specify:

4. Are any of the following groups adversely affected by this policy:
If yes is this high, medium or low impact (see attached notes):

Disabled people:	No	✓	Yes	
Race, ethnicity & nationality:	No	✓	Yes	
Male/Female/transgender:	No	✓	Yes	
Age, young or older people:	No	✓	Yes	
Sexual orientation:	No	✓	Yes	
Religion, belief & faith:	No	✓	Yes	

If the answer is yes to any of these proceed to full assessment.
If the answer is no to all categories, the assessment is now complete.

Date of assessment: 19.8.09 Completed by: K.Davis
Signature: Job title: PDM
Director: Signature:

This EIA will be published on the Trust website. A completed EIA must accompany a new policy or a reviewed policy when it is confirmed by the relevant Trust Committee, Divisional Board, Trust Director or Trust Board. Executive Directors are responsible for ensuring that EIA's are completed in accordance with this procedure.