

**ROUTINE ANTENATAL CARE ACTION CARD****TITLE – Midwifery Led Care pathway (routine care for healthy pregnant women)****A2002****FOR USE BY:** Midwives**LIAISES WITH:** Obstetricians**Medical conditions indicating increased risk suggesting planned birth at an obstetric unit****Table 1 (NICE)**

<b>Disease area</b>	<b>Medical condition</b>
Cardiovascular	Confirmed cardiac disease Hypertensive disorders
Respiratory	Asthma requiring an increase in treatment or hospital treatment Cystic fibrosis
Haematological	Haemoglobinopathies – sickle-cell disease, beta-thalassaemia major History of thromboembolic disorders Immune thrombocytopenia purpura or other platelet disorder or platelet count below 100,000 Von Willebrand's disease Bleeding disorder in the woman or unborn baby Atypical antibodies which carry a risk of haemolytic disease of the newborn
Infective	Risk factors associated with group B streptococcus whereby antibiotics in labour would be recommended Hepatitis B/C with abnormal liver function tests Carrier of/infected with HIV Toxoplasmosis – women receiving treatment Current active infection of chicken pox/rubella/genital herpes in the woman or baby Tuberculosis under treatment
Immune	Systemic lupus erythematosus Scleroderma
Endocrine	Hyperthyroidism Diabetes
Renal	Abnormal renal function Renal disease requiring supervision by a renal specialist
Neurological	Epilepsy Myasthenia gravis Previous cerebrovascular accident
Gastrointestinal	Liver disease associated with current abnormal liver function tests
Psychiatric	Psychiatric disorder requiring current inpatient care

**Table 2****Other factors indicating increased risk suggesting planned birth at an obstetric unit**

Factor	Additional information
Previous complications	Unexplained stillbirth/neonatal death or previous death related to intrapartum difficulty Previous baby with neonatal encephalopathy Pre-eclampsia requiring preterm birth Placental abruption with adverse outcome Eclampsia Uterine rupture Primary postpartum haemorrhage requiring additional treatment or blood transfusion Retained placenta requiring manual removal in theatre Caesarean section Shoulder dystocia
Current pregnancy Fetal indications	Multiple birth Placenta praevia Pre-eclampsia or pregnancy-induced hypertension Preterm labour or preterm prelabour rupture of membranes Placental abruption Anaemia – haemoglobin less than 8.5 – 10.0 g/dl at onset of labour Confirmed intrauterine death Induction of labour Substance misuse Alcohol dependency requiring assessment or treatment Onset of gestational diabetes Malpresentation – breech or transverse lie Body mass index at booking of greater than or equal to 35 kg/m <sup>2</sup> Recurrent antepartum haemorrhage Small for gestational age in this pregnancy (less than fifth centile or reduced growth velocity on ultrasound) Abnormal fetal heart rate (FHR)/Doppler studies Ultrasound diagnosis of oligo-/polyhydramnios
Previous gynaecological history	Myomectomy Hysterotomy

**Table 3****Medical conditions indicating individual assessment when planning place of birth**

<b>Disease area</b>	<b>Medical condition</b>
Cardiovascular	Cardiac disease without intrapartum implications
Haematological	Atypical antibodies not putting the baby at risk of haemolytic disease Sickle-cell trait Thalassaemia trait Anaemia – haemoglobin 8.5–10.0 g/dl at onset of labour
Infective	Hepatitis B/C with normal liver function tests
Immune	Non-specific connective tissue disorders
Endocrine	Unstable hypothyroidism such that a change in treatment is required
Skeletal/neurological	Spinal abnormalities Previous fractured pelvis Neurological deficits
Gastrointestinal	Liver disease without current abnormal liver function Crohn's disease Ulcerative colitis

**Table 4****Other factors indicating individual assessment when planning place of birth**

<b>Factor</b>	<b>Additional information</b>
Previous complications	Stillbirth/neonatal death with a known non-recurrent cause Pre-eclampsia developing at term Placental abruption with good outcome History of previous baby more than 4.5 kg Extensive vaginal, cervical, or third- or fourth-degree perineal trauma Previous term baby with jaundice requiring exchange transfusion
Current pregnancy	Antepartum bleeding of unknown origin (single episode after 24 weeks of gestation) Women who decline blood or blood products Body mass index at booking of 30–34 kg/m <sup>2</sup> Blood pressure of 140 mmHg systolic or 90 mmHg diastolic on two occasions Clinical or ultrasound suspicion of macrosomia Para 6 or more Recreational drug use Under current outpatient psychiatric care Age under 18 or over 40 at booking
Fetal indications	Fetal abnormality
Previous gynaecological history	Major gynaecological surgery Cone biopsy or large loop excision of the transformation zone Fibroids

**Table 5****Other factors to consider:****In the Antenatal Period**

History of 3 or more consecutive miscarriages or a midtrimester termination
Thromboembolic event e.g Deep Vein Thrombosis (DVT)
Diminished fetal movements (with a poor Cardiotocograph trace)
Any other cause for concern e.g social concerns/ teenager
Post maturity T+14

**Intrapartum Period**

Maternal request
Prelabour Spontaneous rupture of membranes (over 48 hours)

**Postnatal Period**

<b>Maternal</b>
Retained placenta
Postpartum haemorrhage
Third degree tear
Significant raised blood pressure (greater than 90 mmHg on 2 occasions 1 hour apart or MAP greater than 125 mmHg)
<b>Neonatal</b>
Apgar less than 5 at 1 minute
Congenital abnormality
Severe jaundice within 48 hours of delivery
Other causes of concern e.g. tachypnoea

**ALWAYS ENSURE ALL RELEVANT ACTIONS ARE DOCUMENTED!**