Blackpool Teaching Hospitals NHS
NHS Foundation Trust

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| **Title:**<br>**Antenatal Care** | | **Version Number:**<br>7 |
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| **Scope:**<br>All staff involved in the provision of antenatal care | | **Classification:**<br>Departmental |
| **Author/Originator and title:**<br>Pauline Tschobotko, Head of Midwifery<br>June Davies, Consultant Obstetrician | | **Responsibility:**<br>Obstetric/Gynaecology Directorate |
| **Replaces:**<br>Version 6 Antenatal Care OBS/GYNAE/PROT/008 | **Description of amendments:**<br>Reference made to Complex Social Issues Pathway | |
| **Name Of: Divisional/Directorate/Working Group:**<br>Policy group | **Date of Meeting:**<br>27/03/2012 | **Risk Assessment:**<br>Not Applicable |
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| **Ratified by:**<br>Clinical Improvements Committee | **Ratified Date:**<br>12/06/2012 | **Issue Date:**<br>12/06/2012 |
| **Review dates may alter if any significant changes are made** | | **Review Date:**<br>01/03/2015 |
| **Does this document meet the requirements of the Equality Act 2010 in relation to Race, Religion or Belief, Age, Disability, Gender, Sexual Orientation, Gender Identity, Pregnancy & Maternity, Marriage and Civil Partnership, Carers, Human Rights and Social Economic Deprivation discrimination?** Initial Assessment | | |

## 1. PURPOSE

To ensure that all women receive optimal antenatal care, appropriate to their individual needs.

## 2. SCOPE

All staff involved in the provision of antenatal care working within Blackpool Teaching Hospitals NHS Foundation Trust.

## 3. PROTOCOL

### 3.1 Process For Ensuring That Women Have Their First Full Booking Visit And Hand Held Record Completed By Twelve Completed Weeks Of Pregnancy

#### 3.1.1 Midwife responsibilities

Once the referral is received by the midwife e.g.: from the woman or the General Practitioner (GP), the following process is followed:

- The midwife informs the Women's Unit reception staff of the referral
- Women's Unit reception staff will obtain the woman's health records
- The midwife will review the woman's health records prior to the 20 week antenatal check or within a month if the booking was late.

All women will be allocated a named community midwife

#### 3.1.2 First full booking visit

- The midwife contacts the woman within 2 weeks of the referral, to arrange the first appointment.
- The midwife must complete the first full booking assessment prior to 12 weeks gestation.
- The hand held record will be completed by the midwife and given to the woman

#### 3.1.3 Process for ensuring that women who on referral to the maternity service are already 12 or more weeks pregnant are seen within 2 weeks of referral

If the woman is referred to the service after 12 weeks gestation the midwife follows the above process and must complete the first full booking assessment within 2 weeks of receipt of the referral.

#### 3.1.4 Process for ensuring that migrant women who have not had a full medical examination in the United Kingdom have a medical history taken and clinical assessment made of their overall health

- The migrant woman's medical history is taken by the midwife at the first full booking assessment.
- If the migrant woman has not previously had a full medical examination in the U.K., the Midwife will make an appointment for the woman to see her GP for a clinical assessment of her overall health. If the woman is currently not registered with a GP, the Midwife will support her through the registration process.
- In the event of the migrant woman not being able to communicate adequately because of language difficulties, arrangements must be made by the midwife to use an interpreter. The woman's partner, her child, another family member or friend are not ideal for interpreting purposes.
- In the first instance the Midwifery Manager should be contacted who can access a list

of in house interpreters. Out of hours the 002 bleep holder should be contacted.
- All the above must be documented in the woman's hand held record.

### 3.1.5 Process for arranging the availability of woman's health records from all previous pregnancies for review by clinicians

- Women who have previously been cared for and/or given birth at Blackpool Fylde and Wyre Hospitals NHS Foundation Trust, will have previous birth records filed in the Health Record
- Pregnancy and birth records entered on the Euroking Maternity Information system will be accessible from the archive.
- The midwife will act on any non-disclosed issues identified in the previous health record.
- The obstetrician may decide to contact a maternity service regarding previous pregnancies to enable review by the Consultant Obstetrician.

## 3.2 Antenatal Risk Assessment

### 3.2.1 Timing of Risk Assessment

- All women will have a booking Risk Assessment (see Appendix 1) completed by the midwife and documented in the hand held record
- Ongoing review of clinical risk continues throughout the pregnancy as outlined in Appendix 2
- Any risks identified must be documented in the hand held record.

### 3.2.2 Clinical Risk Assessment (Appendix 1)

As a minimum the Risk Assessment must include the following:

- Medical conditions
- Venous thromboembolism
- Body mass index
- Anaesthetic Risks (Refer to Appendix 5 Guidance on who to refer to the Obstetric Anaesthetic Clinic)
- Previous pregnancies and any relevant factors
- Lifestyle history e.g.:
- Domestic abuse
- Homelessness
- Transiency
- Safeguarding issues
- Smoking, alcohol and other substances usage
- Those who indicate they will decline blood and blood products
- Place of birth – see section 3.2.3

#### 3.2.2.1 Pre-existing medical conditions in pregnancy

The pathway for referring woman with pre-existing medical problems is detailed in Appendices 3 and 4.

### 3.2.3 Place of Birth Risk Assessment

- Women assessed as Low Risk following the booking risk assessment will be suitable for a home birth.
- The midwife will give information and leaflet regarding choice of place of birth at booking.
- The community midwife will arrange further assessments with the Consultant

Obstetrician and/or Supervisor of Midwives for women not assessed as low risk and requesting a home birth.

### 3.2.4 Smoking in Pregnancy

All women who smoke in pregnancy are offered a referral to the Stop Smoking service by the midwife at booking.

### 3.2.5 Infant Feeding

All woman should be encouraged to breast feed their baby

### 3.2.6 Other clinical/administrative midwifery duties

- Complete and submit to ultrasound the request form for dating and anomaly scan.
- Make appointment for referral to Consultant Obstetrician and/or follow up care.
- Advise the woman that she will receive an appointment for a dating scan, based on her Last Menstrual Period (LMP). Ideally this ultrasound scan should be undertaken between 10 and 13 weeks + 6 days.
- If hand held records are unavailable in the community the midwife will write on a supplementary sheet which will become part of the hand held record.

## 3.3 Safeguarding Documentation

All health care professionals have a responsibility to ensure that the hospital records are checked at each hospital contact during the antenatal period and evidence of previous safeguarding concerns noted.

The woman's Named Midwife/deputy should be informed of antenatal admissions by the hospital midwife. If concerns are raised discuss with the maternity bleep holder and refer to Children's Social Care if necessary. All concerns must be documented in the health record.

## 3.4 Process for Referral of Women in whom Risks are Identified during the Clinical Risk Assessment

### 3.4.1 Low risk

These women will remain under the care of the midwife; however, low risk women may request to be seen by a Consultant Obstetrician. The midwife will facilitate this request and document in the hand held record.

### 3.4.2 High risk:

Women identified as high-risk will be referred directly to a Consultant Obstetrician by a Midwife. This is documented in the hand held record.

### 3.4.3 Complex Social issues

As soon as a woman is identified as vulnerable refer to the Pregnancy and Complex Social Issues Specialist Midwives (Appendix 7) and use referral form (paperclip attached to policy).

### 3.4.4 Development of an individual management plan for women in whom risks are identified during the clinical risk assessment

For all those women who have identified risks following the risk assessment (see appendix 1) a detailed individualised plan of management must be documented in their health record by a senior obstetrician (not FY1 or FY2). This must be updated as required during the course of the pregnancy.

### 3.5 Timing and Purpose of Subsequent Antenatal Consultations (Low Risk Women)
Refer to Appendix 2

### 3.6 Antenatal Screening
Refer to OBS/GYNAE/GUID/104 Screening tests in the Antenatal and Postnatal period.

### 3.7 Process for Referral Back to Midwifery-Led-Care if Appropriate (Obstetricians/Midwives Responsibilities)
- The obstetrician will inform the woman of the plan for future care and document in the hand held record.
- The community midwife will follow up the woman to determine the outcome of the visit and ensure that future follow up takes place as appropriate

### 3.8 Process for ensuring that Women who miss any type of Antenatal Appointment are Followed up
- The midwife or ultrasonographer responsible for the appointment/clinic will identify the women who have not attended at the end of clinic and establish if it is a first or subsequent non attendance
- If a first non attendance for an appointment e.g. Midwife, Consultant clinic, scan, Day Assessment, a second appointment will be posted to the woman by the midwife or ultrasonographer responsible for that appointment/clinic
- A Did Not Attend (DNA) proforma (See Appendix 6) is completed by the Midwife/Ultrasonographer and sent to the Clerical Assistant, Community Midwifery Office, Home 6 for filing in the woman's health record.

### 3.8.1 Process for ensuring that women who miss any type of antenatal appointments are seen
- If the woman fails to attend a second or subsequent appointment the midwife or ultrasonographer responsible for the appointment/clinic completes the DNA form and sends it to the Clerical Assistant, Community Midwifery Office, Home 6 who ensures the community midwife is made aware of the non-attendance.
- The Community Midwife carries out a home assessment, agrees and arranges a future plan of care and records in the hand held record.
- In the event of persistent failure to establish contact the midwife will document in the health record and contact other agencies as appropriate.

### 3.9 Monitoring Compliance
The process for monitoring compliance is identified at Appendix 8

| **4. ATTACHMENTS** | |
|---|---|
| **Appendix Number** | **Title** |
| 1 | Risk Assessment Referral schedule |
| 2 | Minimum requirement for antenatal consultations /Risk assessments |
| 3 | Patient Pathway for pre-existing medical conditions in pregnancy |
| 4 | Referral letter for women with pre-existing medical conditions |
| 5 | Guidance for referral to an Obstetric Anaesthetist |
| 6 | DNA Proforma |
| 7 | Pregnancy and Complex Social Issues Flowchart for the Pathway of Care |
| 8 | Process for monitoring compliance |

| | |
|---|---|
| 9 | Equality Impact Assessment Tool |

| **5. ELECTRONIC AND MANUAL RECORDING OF INFORMATION** |
|---|
| Electronic Database for Procedural Documents |
| Held by Policy Co-ordinators/Archive Office |

| **6. LOCATIONS THIS DOCUMENT ISSUED TO** | | |
|---|---|---|
| **Copy No** | **Location** | **Date Issued** |
| 1 | Intranet | 12/06/2012 |
| 2 | Wards and Departments | 12/06/2012 |

| **7. OTHER RELEVANT/ASSOCIATED DOCUMENTS** | |
|---|---|
| **Unique Identifier** | **Title and web links from the document library** |
| Obs/Gynae/Guid/080 | Information for women in the Antenatal, Intrapartum and Postnatal periods http://bfwnet/departments/policies_procedures/documents/Guideline/obs_gynae_guid_080.pdf |
| Obs/Gynae/Guid/104 | Screening tests in the Antenatal and Postnatal period http://bfwnet/departments/policies_procedures/documents/Guideline/Obs_Gynae_Guid_104.pdf |
| Corp/Guid/072 | Domestic Violence and Abuse in Pregnancy. http://bfwnet/departments/policies_procedures/documents/Guideline/Corp_Guid_072.pdf |
| Obs/Gynae/Guid/105 | Newborn Feeding http://bfwnet/departments/policies_procedures/documents/Guideline/Obs_Gynae_Guid_105.pdf |
| Corp/Pol/023 | Interpreting Services http://bfwnet/departments/policies_procedures/documents/Policy/Corp_Pol_023.pdf |
| Corp/Pol/022 | Language Interpreting Services http://bfwnet/departments/policies_procedures/documents/Procedure/Corp_Proc_022.pdf |
| Obs/Gynae/Guid/103 | Venous Thromboembolism Prophylaxis During Pregnancy, Labour and the Puerperium http://bfwnet/departments/policies_procedures/documents/Guideline/Obs_Gynae_Guid_103.pdf |
| Obs/Gynae/Guid/074 | Anaesthetic Referral Process for Obstetric Patients http://bfwnet/departments/policies_procedures/documents/Guideline/Obs_Gynae_Guid_074.pdf |

| **8. SUPPORTING REFERENCES/EVIDENCE BASED DOCUMENTS** |
|---|
| **References In Full** |
| NICE 2008 Antenatal Care: Routine Care for Healthy pregnant women, London. NICE, Available at www.nice.or.uk |

| **9. CONSULTATION WITH STAFF AND PATIENTS** | |
|---|---|
| **Name** | **Designation** |
| N/A | |
| | |

| 10. DEFINITIONS/GLOSSARY OF TERMS | |
|---|---|
| N/A | |
| | |

| 11. AUTHOR/DIVISIONAL/DIRECTORATE MANAGER APPROVAL | | | |
|---|---|---|---|
| **Issued By** | Pauline Tschobotko | **Checked By** | Miss E J Davies |
| **Job Title** | Head of Midwifery | **Job Title** | Clinical Director |
| **Date** | June 2012 | **Date** | June 2012 |

## Appendix 1: Antenatal Risk Factors (on Euroking / Birth records)

| RISK FACTORS |
|---|
| **Pre-existing Medical Conditions** |
| Confirmed cardiac disease |
| Hypertensive disorders |
| Asthma requiring increase in treatment or hospital admission |
| Cystic fibrosis |
| Haemoglobinopathies (sickle cell disease, beta-thalassaemia major) |
| Thomboembolic episode or disorder |
| Immune thromboytopaenic purpura (ITP) or platelet count < 100 |
| Von Willebrands disease or bleeding disorder |
| Atypical antibodies carrying a risk of haemolytic disease of the newborn |
| Hepatitis B or C or HIV |
| Toxoplasmosis |
| Current active infection of chicken pox/rubella/genital herpes |
| Tuberculosis under treatment |
| SLE or scleroderma |
| Hyperthyroidism |
| Diabetes |
| Abnormal renal function or renal disease requiring specialist treatment |
| Epilepsy |
| Neurological disorders |
| Previous cerebral accident |
| Liver disease associated with abnormal LFT's |
| Psychiatric disorder requiring inpatient care e.g. severe perinatal mental health |
| **Previous Pregnancy Complications** |
| Stillbirth or Neonatal death |
| Baby with neonatal encephaly |
| Pre-eclampsia requiring preterm birth or eclampsia |
| Placental abruption with adverse outcome |
| Uterine rupture |
| Primary PPH requiring additional treatment or blood transfusion |
| Retained placenta requiring manual removal in theatre |
| Caesarean Section |
| Shoulder Dystocia |
| Uterine Surgery |
| **Current Pregnancy Complications** |
| Haemoglobin 8.5g/dl or less |
| Multiple pregnancy |
| Placenta praevia |
| Pre-eclampsia or pregnancy induced hypertension |
| Substance misuse |
| Alcohol dependency requiring assessment or treatment |
| Body Mass Index > 35 $kg/m^2$ |
| Recurrent antepartum haemorrhage (APH) |
| Likely to decline blood products |
| **Previous Gynaecological History** |
| Myomectomy or hysterotomy |

**Please note this list is not exhaustive and women can be referred on an individual basis**

**Appendix 2 – Minimum requirement for antenatal consultations – Ongoing clinical risk assessment undertaken by the appropriate professional carrying out the assessment**

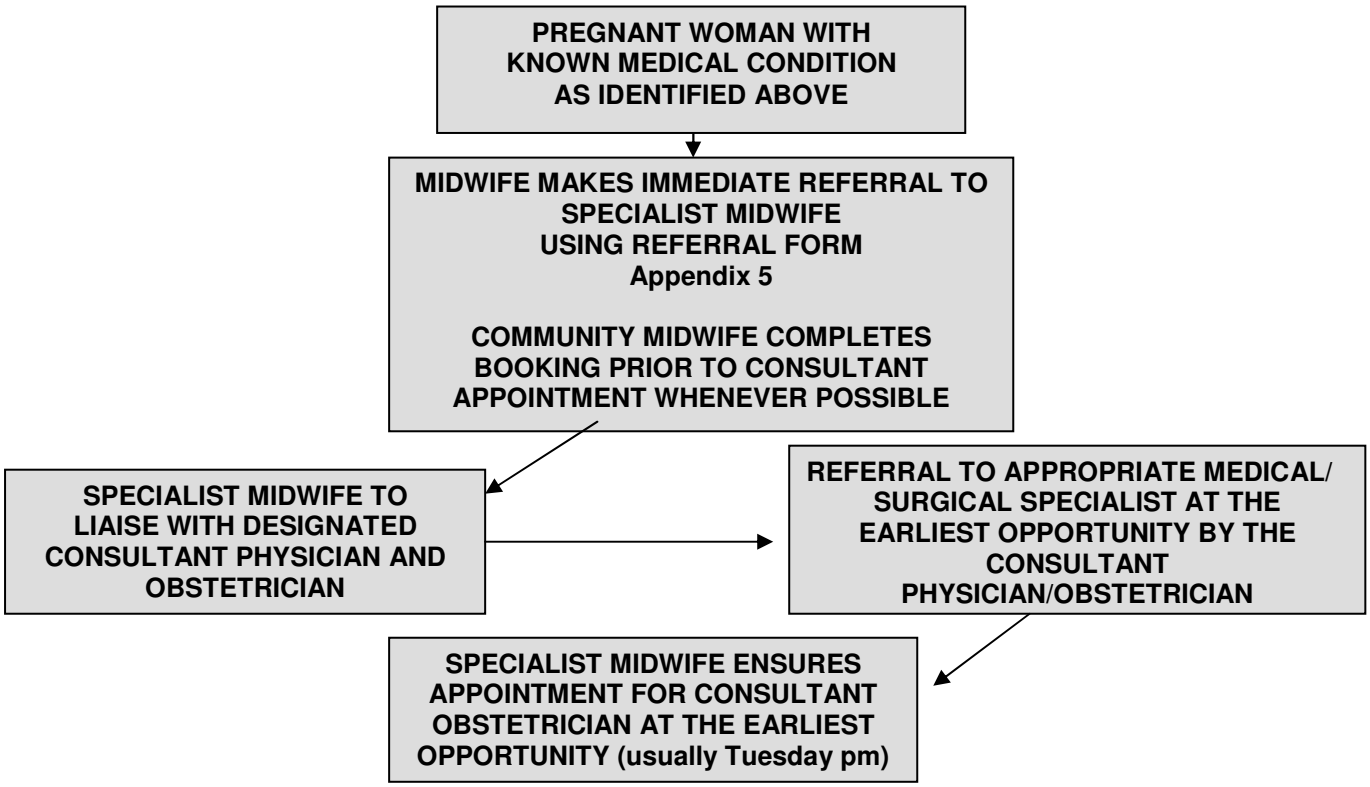
| GESTATION | CHECKS | TESTS | ACTION |
|---|---|---|---|
| 16 weeks (all women) | • Measure B/P<br>• Test urine for proteinuria | • Take blood for Down's syndrome serum screening if required | • Review, discuss and document the results of all screening tests<br>• Consider iron supplement if Hb <10.5 g/dl<br>• Refer to Consultant clinic if Hb <10. g/dl or if symptomatic |
| 18-20 weeks (all women) | | Ultrasound anomaly scan | • Refer to OBS/GYNAE/GUID/.. |
| 25 weeks (Nulliparous women) | • Measure B/P<br>• Test urine for proteinuria<br>• Measure symphysis – fundal height | | • Check Rhesus status and make arrangements for Rhesus negative women to receive prophylactic anti-D at 28 weeks |
| 28 weeks (all women) | • Measure B/P<br>• Test urine for proteinuria<br>• Measure symphysis – fundal height | • Screen for anaemia<br>• Screen Rh negative women for atypical red cell antibodies | • Consider iron supplement if Hb <10.5 g/dl<br>• If Hb 9 – 10g/dl, repeat FBC in 2 weeks<br>• If Hb 9-10g/dl repeat FBC in 2 weeks.<br>• Rh negative women receive prophylactic anti-D |
| 31 weeks (Nulliparous women) | • Measure B/P<br>• Test urine for proteinuria<br>• Measure symphysis – fundal height | | • Review, discuss and document the results of tests undertaken at 28 weeks |
| 34 weeks (all women) | • Measure B/P<br>• Test urine for proteinuria<br>• Measure symphysis – fundal height | | • Review, discuss and document the results of tests undertaken at 28 weeks if not seen at 31 weeks<br>• Discuss birth plan and place of birth |
| 36 weeks (all women) | • Measure B/P<br>• Test urine for proteinuria<br>• Measure symphysis – fundal height<br>• Identify presentation of the baby | Ultrasound scan if placenta extended over internal cervical os at the previous scan OR if fetal malpresentation suspected | • If breech presentation, refer to Consultant clinic and offer external cephalic version<br>• Discuss place of birth and arrange provision of equipment if home birth<br>• Discuss newborn care, vitamin K, newborn screening tests |
| 38 weeks (all women) | • Measure B/P<br>• Test urine for proteinuria<br>• Measure symphysis – fundal height | | • Give induction of labour information |
| 40 weeks (Nulliparous women) | • Measure B/P<br>• Test urine for proteinuria<br>• Measure symphysis – fundal height | | • Offer membrane sweep<br>• Offer/arrange induction of labour<br>• Refer to Consultant clinic if declines induction of labour |
| 42 weeks (all women who decline induction of labour) | | | • At least twice weekly cardiotocography and ultrasound examination of maximum amniotic pool depth |

**Appendix 3: Pathway for women with pre-existing medical conditions in pregnancy – Conditions for referral: this list is a guide and not exhaustive**

**Congenital heart disease;** (corrected patent ductus arteriosus, atrial septal defect, ventricular septal defect, congenital aortic stenosis, Marfan's syndrome, Fallot's tetralogy, Eisenmenger's syndrome)
**Acquired heart disease** - valve disease, artificial valves, ischaemic heart disease, arythmias
**Cystic Fibrosis**
**Asthma (Poorly controlled)**
**Tuberculosis**
**Sarcoidosis**
**Hyper/hypothyroidism**
**Pituitary disorder**
**Rheumatoid arthritis**
**Systemic lupus erythematosis**
**Schleroderma**
**Multiple sclerosis**
**Myasthenia Gravis**
**Benign intracranial hypertension**
**Renal transplant**
**Chronic renal failure**
**Inflammatory Bowel Disease**
**Idiopathic Thrombocytopenic Purpura**
**Epilepsy**
**Liver disease**

**Refer to Antenatal Screening Midwife:**
**Haemoglobinpathies:**
Sickle Cell
Thalassaemia
**Human Immuno Deficiency Virus (HIV)**
**Hepatitis**

**PATHWAY**



**Appendix 4: Referral Form**

**FILE IN SECTION 4**

Blackpool Teaching Hospitals NHS
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**Referral of women with pre-existing medical condition in pregnancy to the Multi-disciplinary team**

**Abbreviations used in this document to be listed here with the full description:**

**LMP –** Last Menstrual Period

Write patient details or affix Identification label
Hospital Number:
Name:
Address:

Date of Birth:
NHS Number:

**General Practitioner Details:**
Name:

Address:

Patient contact number:

Gravida …… Para ……

**Known medical condition:**

……

……

Present Specialist Consultant / Hospital (if applicable): ……..

……

Previous / Present Obstetrician (if applicable) ……

Named Midwife ……

Patient informed of referral Yes / No

Referral made by:
Signature: …… Print name: ……

Designation: …… Date: ……

**Send this form to the Diabetes Specialist Midwife or Antenatal Screening Midwife and document in the health record**

## Appendix 5: Guidance on Who to Refer to the Obstetric Anaesthetic Clinic

The list below is meant as a guide and cannot ever be exhaustive. If you are unsure whether the patient would be suitable for referral then discuss it with us. There should be a consultant anaesthetist on labour ward

**1. History of Problems with Anaesthesia**
Malignant Hyperpyrexia
Scoline ( suxamethonium ) Apnoea
History of Failed Intubation
History of Failed Regional Anaesthesia
History of ICU or HDU admission following surgery
**2. Obstetric**
Planned Vaginal Delivery of Multiple Pregnancy
Planned Vaginal Delivery of Breech
**3. Patients with severe or complex co-existing disease**
**4. Haematological**
Disorders of Clotting / Haemostasis
Thrombophilia
Treatment with Heparin
**5. Obesity**
BMI >35 may be referred if they have concerns after they have read the information booklet.
BMI >35 at booking with other complex co- morbidities
BMI > 40 at Booking
Weight > 125Kg at Booking
**6. Musculoskeletal**
**Severe** Backpain i.e:
History of Surgery to Spine
Sciatica or other referred pain
Registered Disability / Unable to Work
Attends Pain Clinic
Severe Kyphoscoliosis
Spina Bifida ( including Spina Bifida occulta )
**7. Cardiovascular**
Congenital Heart Disease
Arrhythmia requiring treatment
Confirmed Valvular Heart Disease
Significant Ischaemic Heart Disease
Poorly Controlled Hypertension
**8. Respiratory**
**Severe** / **Unstable** Asthma i.e:
Frequent Hospital Admissions with Acute Asthma
History of Ventilation for Acute Asthma
Frequent need for Oral Steriods
**9. Neurological**
Multiple Sclerosis
Poorly Controlled Epilepsy
Fits > 1x / week
Progressive Neurological Disease
Myasthenia Gravis
Myotonic Dystrophy
**10. Endocrine**
Planned Vaginal Delivery of Insulin Dependent Diabetics probably through Diabetic Midwife.
**11. Miscellaneous**
Needle Phobia
Patients who would refuse blood or blood products

## Appendix 6: DNA Proforma

**DNA REPORTING SHEET**
**for**
**ANTENATAL APPOINTMENT**
**(Including Ultrasound):**

**FILE IN SECTION 4**

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**Abbreviations used in this document to be listed here with the full description:**

**DNA = Did not attend**

Write patient details or affix Identification label

Hospital Number:
Name:
Address:

Date of Birth:
NHS Number:

**Clinic Date:** .....

**Clinic Venue/Location:** .....

**Woman contacted:** **Y/N**

ACTION:



Signature: Print name:

Designation: Date:

When completed please send to Clerical Assistant, Ward D Offices, Blackpool Victoria Hospital.

# *PREGNANCY AND COMPLEX SOCIAL ISSUES FLOWCHART FOR THE PATHWAY OF CARE*

## Before Booking/Booking complete

- Under 20 years of age with additional need
- 17years of age and under
- History of substance/alcohol misuse
- Safeguarding issues
- Marac level domestic abuse
- Clients have been a looked after child
- Learning Difficulties (moderate to high)
- None English speaking
- Mental health – refer to Mental Health Pathway
- Extreme poverty
- Homelessness (sofa surfing, no fixed abode, or homeless accommodation)

↓

**REFER TO SPECIALIST MIDWIFE**

↓

ADDITIONAL CARE

- Provide one-one mother/parentcraft education
- Co-ordinate additional services to provide an appropriate care package
- Link with the multi-agency teams across the Blackpool and North Lanc's Boroughs to ensure seamless care
- Discuss contraception
- Share information with Health Visitor, preferably complete a joint visit

→

PREVENTATIVE EDUCATION

- Nutrition
- Health and fitness
- Smoking/Alcohol/Substance Misuse
- Accident prevention
- SIDS Prevention
- Sexual health
- Support groups

↓

POSTNATAL CARE - HOSPITAL

On discharge:

- Contraception plan
- Confirm home address & support
- GP informed
- Discuss smoking status

↓

POSTNATAL CARE - COMMUNITY

- Post natal care by midwife in community up to 10 days to eight weeks
- If mother is 16 or under inform First Steps of delivery
- Appropriate client referral to Children's Centres and Parenting Groups
- Comprehensive handover to Health Visitor (verbal/ written)
- Comprehensive handover to appropriate agencies involved
- Activate postnatal contraceptive plan
- Discuss smoking status refer if appropriate
- Breastfeeding support as needed
- Client centred support
- Confirm breastfeeding and smoking status at discharge (8 weeks)
- Provide service satisfaction questionnaire

## APPENDIX 8: Monitoring compliance

| Minimum requirement to be monitored | | Process for monitoring e.g. audit | Responsible individual/ group/ committee | Frequency of monitoring | Responsible individual/ group/ committee for review of results | Responsible individual/ group/ committee for development of action plan | Responsible individual/group/ committee for monitoring of action plan and Implementation |
|---|---|---|---|---|---|---|---|
| **4.1**<br><br>**a)** | Responsibilities of relevant staff groups | Monitoring 1% of health records of all woman who have delivered | Lead Midwives Community | Annual | Woman and Children's Governance Group | Lead Midwives Community/ Woman and Children's Governance Group | Woman and Children's Governance Group |
| **b)** | Process for ensuring that women have their first full booking visit and hand-held record completed by twelve completed weeks of pregnancy. | Cross boundary monitoring outcome will be displayed on the Maternity Dashboard | Lead Midwives Community | Monthly – dashboard | Woman and Children's Governance Group | Lead Midwives Community/ Woman and Children's Governance Group | Woman and Children's Governance Group |
| **c)** | Process for ensuring that women who on referral to the maternity service are already twelve or more weeks pregnant are seen within two weeks of the referral. | Cross boundary monitoring outcome will be displayed on the Maternity Dashboard | Lead Midwives Community | Monthly – dashboard | Woman and Children's Governance Group | Lead Midwives Community/Women and Children's Governance Group | Woman and Children's Governance Group |
| **d)** | Process for ensuring that 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. | Monitoring 1% of health records of all woman who have delivered | Lead Midwives Community | Annual | Woman and Children's Governance Group | Lead Midwives Community/Women and Children's Governance Group | Woman and Children's Governance Group |
| **e)** | Pilot - Process for arranging the availability of health records from all previous pregnancies, for review by clinicians. | Monitoring 1% of health records of all woman who have delivered | Lead Midwives Community | Annual | Woman and Children's Governance Group | Lead Midwives Community/Woman and Children's Governance Group | Woman and Children's Governance Group |
| **4.2**<br><br>**a)** | Responsibilities of relevant staff groups | Monitoring 1% of health records of all woman who have delivered | Lead Midwives Community | Annual | Woman and Children's Governance Group | Lead Midwives Community/Woman and Children's Governance Group | Woman and Children's Governance Group |
| **b)** | Process for ensuring that women who miss any type of antenatal appointment are followed up. | Monitoring – the DNA proforma | Lead Midwives Community | Annual | Woman and Children's Governance Group | Lead Midwives Community/Woman and Children's Governance Group | Woman and Children's Governance Group |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **c)** | Documentation of follow up of women who miss any type of antenatal appointment. | Monitoring – the DNA proforma | Lead Midwives Community | Annual | Woman and Children's Governance Group | Lead Midwives Community/Woman and Children's Governance Group | Woman and Children's Governance Group |
| **d)** | Process for ensuring that women who miss any type of antenatal appointments are seen. | Monitoring – the DNA proforma | Lead Midwives Community | Annual | Woman and Children's Governance Group | Lead Midwives Community/Woman and Children's Governance Group | Woman and Children's Governance Group |
| **4.3**<br>**a)** | Timing of risk assessments | Monitoring 1% of health records of all woman who have delivered and 1% or 10 sets of health records of woman in whom risks were identified | Lead Midwives Community | Annual | Woman and Children's Governance Group | Lead Midwives Community/Woman and Children's Governance Group | Woman and Children's Governance Group |
| **b)** | Medical conditions to be considered, including anaesthetic history | Monitoring 1% of health records of all woman who have delivered and 1% or 10 sets of health records of woman in whom risks were identified | Lead Midwives Community | Annual | Woman and Children's Governance Group | Lead Midwives Community/Woman and Children's Governance Group | Woman and Children's Governance Group |
| **c)** | Factors from previous pregnancies | Monitoring 1% of health records of all woman who have delivered and 1% or 10 sets of health records of woman in whom risks were identified | Lead Midwives Community | Annual | Woman and Children's Governance Group | Lead Midwives Community/Woman and Children's Governance Group | Woman and Children's Governance Group |
| **d)** | Lifestyle history to be considered | Monitoring 1% of health records of all woman who have delivered and 1% or 10 sets of health records of woman in whom risks were identified | Lead Midwives Community | Annual | Woman and Children's Governance Group | Lead Midwives Community/Woman and Children's Governance Group | Woman and Children's Governance Group |
| **e)** | Identification of women who will decline blood and blood products | Monitoring 1% of health records of all woman who have delivered and 1% or 10 sets of health records of woman in whom risks were identified | Lead Midwives Community | Annual | Woman and Children's Governance Group | Lead Midwives Community/Woman and Children's Governance Group | Woman and Children's Governance Group |
| **f)** | Risk assessment for appropriate place of | Monitoring 1% of health records of all woman who | Lead Midwives Community | Annual | Woman and Children's | Lead Midwives Community/Woman | Woman and Children's |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | birth | have delivered and 1% or 10 sets of health records of woman in whom risks were identified | | | Governance Group | and Children's Governance Group | Governance Group |
| **g)** | Development of an individual management plan for women in whom risks are identified during the clinical risk assessment | Monitoring 1% of health records of all woman who have delivered and 1% or 10 sets of health records of woman in whom risks were identified | Lead Midwives Community | Annual | Woman and Children's Governance Group | Lead Midwives Community/Woman and Children's Governance Group | Woman and Children's Governance Group |
| **h)** | Process for referral of women in whom risks are identified during the clinical risk assessment | Monitoring 1% of health records of all woman who have delivered and 1% or 10 sets of health records of woman in whom risks were identified | Lead Midwives Community | Annual | Woman and Children's Governance Group | Lead Midwives Community/Woman and Children's Governance Group | Woman and Children's Governance Group |
| **i)** | Process for referral back to midwifery led care if appropriate | Monitoring 1% of health records of all woman who have delivered and 1% or 10 sets of health records of woman in whom risks were identified | Lead Midwives Community | Annual | Woman and Children's Governance Group | Lead Midwives Community/Woman and Children's Governance Group | Woman and Children's Governance Group |

**Appendix 9: Equality Impact Assessment Tool**

Blackpool Teaching Hospitals NHS
NHS Foundation Trust

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Would the relevant Equality groups be affected by the document? (If Yes please explain why you believe this to be discriminatory in Comment box)
**Title & Identification Number of the Document: Antenatal Care Obs/Gynae/Prot/008**

| | **Questionnaire** | Yes/No Double click and select answer | Comments |
|---|---|---|---|
| **1** | Grounds of race, ethnicity, colour, nationality or national origins e.g. people of different ethnic backgrounds including minorities: gypsy travellers and refugees / asylum seekers. | No | |
| **2** | Grounds of Gender including Transsexual, Transgender people | No | |
| **3** | Grounds of Religion or belief e.g. religious /faith or other groups with recognised belief systems | No | |
| **4** | Grounds of Sexual orientation including lesbian, gay and bisexual people | No | |
| **5** | Grounds of Age older people, children and young people | No | |
| **6** | Grounds of Disability: Disabled people, groups of physical or sensory impairment or mental disability | No | |
| **7** | Is there any evidence that some groups are affected differently? | No | |
| **8** | If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable? | No | |
| **9** | Is the impact of the document/guidance likely to be having an adverse/negative affect on the person (s)? | No | |
| **10** | If so can the negative impact be avoided? | N/A | |
| **11** | What alternatives are there to avoid the adverse/negative impact? | **Please Comment** | |
| **12** | Can we reduce the adverse/negative | N/A | **Please Identify How** |

| | | | |
|---|---|---|---|
| | impact by taking different action? | | |

| | | |
|---|---|---|
| **13 Q1** (a) **Is the document directly discriminatory?**<br>No<br>(under any discrimination legislation)<br>• Racial Discrimination<br>• Age Discrimination<br>• Disability Discrimination<br>• Gender Equality<br>• Sexual Discrimination | **Q2 (b) (i)** Is the document indirectly discriminatory?<br>No<br>**b (ii)** If you said yes , is this justifiable in meeting a legitimate aim<br>N/A | **Q3 (c)** Is the document intended to increase equality of opportunity by positive action or action to redress disadvantage<br>N/A<br>Please give details<br>To safeguard vulnerable adults |

**14** If you have answered **no** to all the above questions **1-13** and the document does not discriminate any Equality Groups please go to **section 15**

If you answered **yes** to Q1 (a) and **no** to Q3 (b) this is unlawful discrimination.

If you answered **yes** to Q2 (b) (i) **no** to Q2 (b) (ii) and **no** to Q3 (c), this is unlawful discrimination

**If the content of the document is not directly or indirectly discriminatory, does it still have an adverse impact?**

No

**Please give details**

**If the content document is unlawfully discriminatory, you must decide how to ensure the organisation acts lawfully and amend the document accordingly to avoid or reduce this impact**

**15** Name of the Author completing the Equality Impact Assessment Tool.

Name Pauline Tschobotko

Signature

Designation Head of Midwifery

Date March 2012