



# Standard Operational Procedure for the Provision of Antenatal Care

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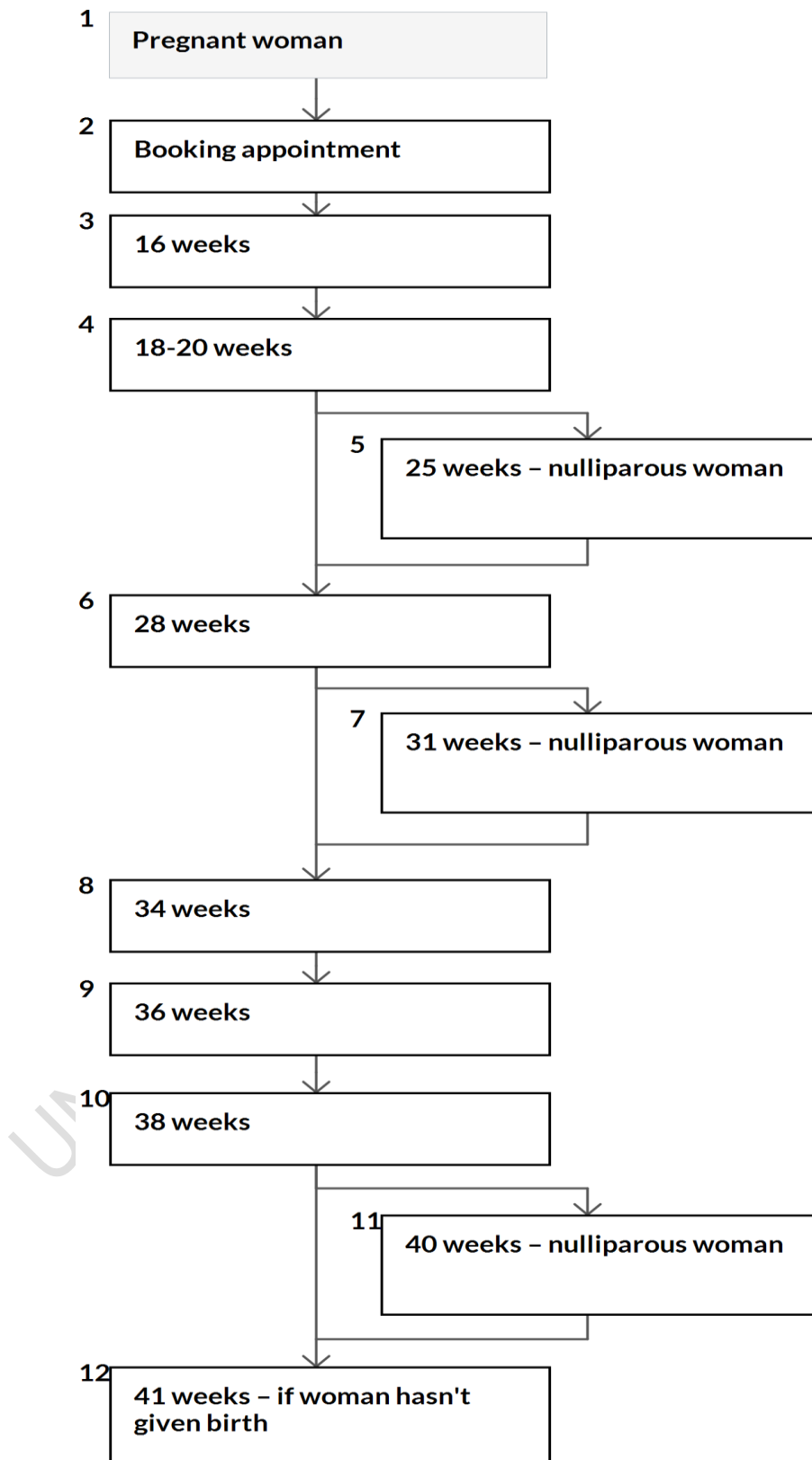
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## NICE guidance appointment schedule



### Antenatal care schedule of appointments

VISIT	WKS GEST/ Place of Appt.	Action	ADMINISTRATION	SCREENING TESTS	OTHER
1	7-10  CMWs Clinic	<ul style="list-style-type: none"> <li>• Assess risk and suitability for midwifery led care by taking a full medical, obstetric, social and family history and completing the antenatal risk assessment on page 5 of the Antenatal care record. Identify and document lead carer e.g. Midwife Led Care or Consultant Led Care</li> <li>• Refer to Consultant led care if applicable.</li> <li>• Discuss choices of place of birth (See SOP for Advice on place of Birth and Risk Assessment of Women in Labour in All Care Settings)</li> <li>• Take height and weight and calculate BMI.</li> <li>• Screen for Gestation diabetes.</li> <li>• Discuss Body Mass Index and action pathway for women with BMI &gt;30</li> <li>• Obtain and document allergy status on front of Antenatal care record and the clinic held summary.</li> </ul>	<p>Complete family origin questionnaire.</p> <p>Ensure approx. 12/40 date recorded on front of clinic held summary to allow for accurate scan date to be given.</p> <p>Leave clinic held summary, hand held summary, PBR form and pregnancy referral form in booking tray in community midwives office. Scan appointment to be booked and Consultant appointment if necessary by administration team</p> <p>Refer smokers to smoking cessation services</p> <p>Refer to drug liaison</p>	<p>Gain consent and take bloods for Haemoglobin, Rhesus factor, Group and antibodies, HIV, Hep B and Syphilis. Thalassaemia, Sickle cell</p> <p>Any infectious disease screening blood tests declined affix 're-offer screening at 28 weeks' alert sticker to hand held notes and inform screening co-ordinator.</p> <p>If meets criteria for Gestational Diabetes screening- take blood for HbA1c and a Random blood glucose. Advice woman she will need a Fasting blood glucose taken at 28/40, give yellow slip detailing information re fasting from 10pm the night</p>	<p>Screening tests for you and your baby</p> <p>FW8 form</p>

		<ul style="list-style-type: none"> <li>• Estimate expected date of delivery (EDD) from last menstrual period (LMP).</li> <li>• Provide FW8 if not already completed.</li> <li>• Provide information on and discuss antenatal care, schedule and place of appointments and ensure woman has contact number of community co-ordinators, DAU and maternity unit.</li> <li>• Provide information on lifestyle e.g. work, diet, exercise, travel, sexual intercourse, alcohol in pregnancy, toxoplasmosis and dental care.</li> <li>• Discuss the specific risk of smoking, gain consent for and explain CO monitoring in pregnancy and refer to help to quit smoking options if applicable. A CO monitor reading should be taken and recorded in the notes.</li> <li>• Ensure that the correct does of Folic acid (400mcg for BMI &lt;30, 5mg for BMI &gt;30) is being taken and advise to continue until 12/40. Also advise 10mcg Vitamin D supplementation for the duration of pregnancy.</li> <li>• Screen for women at risk of pre-eclampsia</li> <li>• Screen women for venous thromboembolism risk in pregnancy and document in antenatal care record.</li> </ul>	<p>midwife if appropriate</p> <p>Complete safeguarding notification form for any safeguarding concerns</p> <p>Commence HNA form</p> <p>Book next CMW appointment</p> <p>If GAD7 score is above 7 or PHQ9 above 9 refer to IAPT as well as a safeguarding referral. Also refer to a consultant if taking medication.</p> <p>If meets criteria for Aspirin in pregnancy, the letter to commence aspirin (Appendix 2) should be e-mailed to her GP.</p>	<p>before.</p>	
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		<ul style="list-style-type: none"> <li>• Consider need for Aspirin</li> <li>• Provide screening leaflet and explain screening tests and Investigations in Pregnancy:- Thalassemia, Sickle cell, Haemoglobin, Rhesus factor, Group and antibodies, HIV, Hep B and Syphilis. Provide information of screening for Downs's, Edwards and Patau syndrome.</li> <li>• Provide information on first trimester screening, USS and anomaly scans.</li> <li>• Enquire of the women's Emotional and mental health wellbeing, complete PHQ9 and GAD7 if required. Refer to IAPT services and safeguarding as required.</li> <li>• Enquire to the care and support the woman currently has for herself and her family; identify any existing or past children social care involvement. Any drug, alcohol, or domestic abuse.</li> <li>• Provide information on Flu Vaccine and Pertussis Vaccine</li> <li>• Discuss infant feeding</li> <li>• Measure Blood pressure (BP), perform urinalysis and obtain booking bloods if consent gained.</li> </ul>			
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2	11-13+6 Antenatal clinic	<ul style="list-style-type: none"> <li>• Perform first trimester screening USS</li> <li>• Take combined screening bloods</li> <li>• Generate GROW chart</li> <li>• Document booking blood test results</li> <li>• If woman Rhesus Negative (Rhd. Neg) discuss cff-DNA and give PIL.</li> <li>• Complete BCG assessment, if the woman answers yes to any of the assessment questions advise that the baby should have a BCG immunisation following delivery. The BCG information leaflet is given.</li> </ul>	<p>Book anomaly scan Organise GTT if applicable</p> <p>Book anaesthetist appt. if appropriate.</p> <p>Book dietician appt. if required.</p> <p>Discuss and book QUAD blood test if gestation greater than 14+2 or head circumference greater than 103mm</p> <p>Inform community co-ordinator of need for cff-DNA for Rhd.Neg women</p> <p>If required a photocopy of the BCG assessment is given to the screening coordinator who passes this on to SCBU to keep them updated on babies that will require immunisation.</p>	<p>Combined screening for Downs, Edwards and Patau syndrome</p> <p>MSU for asymptomatic bacteruria</p> <p>Chlamydia screening for under 25s</p>	<p>Cff-DNA PIL if Rhd. Neg</p> <p>The BCG information leaflet if appropriate</p>
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3	16 Woman's home	<ul style="list-style-type: none"> <li>• Discuss booking bloods and screening test results and action as necessary.</li> <li>• Review risk assessment and ensure consultant and anaesthetic appointments made if applicable</li> <li>• Discuss anomaly USS</li> <li>• Assessment of fetal and maternal wellbeing as detailed in point 4.3 of this SOP</li> <li>• Discuss signs and symptoms of Pre-eclampsia (PET)</li> <li>• Complete HNA</li> <li>• Discuss Pertussis Vaccine / Flu Vaccine</li> </ul>	<p>Follow up any unavailable blood test results</p> <p>Photocopy and file HNA in Health Visitors folder.</p> <p>Book antenatal appointments up to 40/40</p> <p>Inform Antenatal clinic (ANC) if cff-DNA sample has been taken for Rhd. Neg women.</p> <p>If Rhd. Neg woman declines cff-DNA contact ANC to arrange Anti-D prophylaxis appointment.</p>	Consent and take Cff-DNA sample for Rhd.Neg women	
4	18-21 Antenatal clinic	<ul style="list-style-type: none"> <li>• Ultrasound anomaly scan</li> </ul>		Full anatomical check	
5	25 (Nulliparous women) CMWs Clinic	<ul style="list-style-type: none"> <li>• Discuss Ultrasound scan anomaly results</li> <li>• Discuss parent education provision</li> <li>• Assessment of fetal and maternal wellbeing as detailed in point 4.3 of this SOP</li> <li>• Provide MAT B1 form</li> </ul>	Ensure Grow Scan appointments made if required		Parentcraft classes information MAT B1

6	28 CMWs Clinic	<ul style="list-style-type: none"> <li>• Perform screening for antibodies and anaemia</li> <li>• Assessment of fetal and maternal wellbeing as detailed in point 4.3 of this SOP</li> <li>• Discuss signs and symptoms of PET</li> <li>• Ensure anti D appointments have been attended or are booked if required</li> <li>• Provide MAT B1 form if not already had</li> </ul>	N.B Anaesthetic appointment arranged between 28-36 weeks.	<p>Consent and take FBC and group and save.</p> <p>Take Fasting Blood glucose and HbA1c if meets Gestational Diabetes screening criteria.</p> <p>Re-offer infectious disease screening blood tests if declined at booking.</p>	<p>Infant feeding leaflet and discussion</p> <p>MAT B1 (if not already had)</p>
7	31 (Nulliparous women) CMWs Clinic	<ul style="list-style-type: none"> <li>• Assessment of fetal and maternal wellbeing as detailed in point 4.3 of this SOP</li> <li>• Explain, file and document 28 week blood test results. Action any treatment needed</li> </ul>			
8	34 CMWs Clinic	<ul style="list-style-type: none"> <li>• Assessment of fetal and maternal wellbeing as detailed in point 4.3 of this SOP</li> <li>• Explain, file and document 28 week blood test results. Action any treatment needed if not already done.</li> </ul>			



9	<p>36</p> <p>Woman's home</p> <p>CMWs Clinic if multiparous and not requesting homebirth</p>	<ul style="list-style-type: none"> <li>• Assessment of fetal and maternal wellbeing as detailed in point 4.3 of this SOP</li> <li>• If previously anaemic repeat FBC</li> <li>• If requesting homebirth ensure this appointment is conducted in the women's home. Document choice, rationale, benefits and risks and complete home birth paperwork</li> <li>• Discuss birth plan and document choices, ensure birth partners, length of stay, pain relief in labour and monitoring of maternal and fetal wellbeing in labour. Discuss delivery of placenta and perineal repair.</li> <li>• Explain benefits of skin to skin contact and responsive feeding.</li> <li>• Discuss LSCS, forceps, ventouse and episiotomy.</li> <li>• Ensure contact numbers for when labour starts are in notes. Discuss signs of labour, when to contact the maternity unit and reasons for urgent attendance to maternity.</li> <li>• Discuss Vitamin K prophylaxis and new-born screening tests.</li> </ul>	<p>Refer to PMA and consultant if woman wishing to birth outside of medical advise</p>		
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10	38 CMWs Clinic	<ul style="list-style-type: none"> <li>Assessment of fetal and maternal wellbeing as detailed in point 4.3 of this SOP</li> <li>Explain, document and file any outstanding blood test results. Action any treatment needed</li> </ul>	Ensure all results in hand held notes		
11	40 (Nulliparous women) CMWs Clinic	<ul style="list-style-type: none"> <li>Assessment of fetal and maternal wellbeing as detailed in point 4.3 of this SOP</li> <li>For nulliparous women explain and offer cervical sweep</li> </ul>			
12	41 CMWs Clinic	<ul style="list-style-type: none"> <li>Assessment of fetal and maternal wellbeing as detailed in point 4.3 of this SOP</li> <li>Explain and offer cervical sweep</li> <li>Book Induction of Labour for T+12</li> </ul>	Contact maternity unit to arrange date and time of admission for assessment for induction at T+12		

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## **1. Purpose/Background:**

This standard operating procedure (SOP) has been developed to ensure that all women receive antenatal care appropriate to their needs and to enable early detection and appropriate referral of any potential problems.

## **2. Scope:**

This document is for use by all obstetricians and midwives and it applies to all women cared for by the St Mary's Hospital Maternity Services.

## **3. Responsibilities**

It is the responsibility of all Midwifery Nursing and medical staff to:

- Access read understand and apply this SOP
- Attend any mandatory training pertaining to the SOP

It is the responsibility of the department to:

- Ensure the SOP is reviewed as required in line with trust and national recommendations
- Ensure the SOP is accessible to all relevant staff.

## **4. Procedure:**

### **4.1 Booking appointment**

- Once pregnancy is confirmed, the woman may self-refer for maternity services via the online referral form at <http://bit.ly/matbooking>. The woman may also contact her GP or Community Midwife (CMW) directly.
- If the referral is via the GP, the woman will be asked to complete an online form requesting midwifery care.
- The Maternity Support Workers (MSWs) will print the booking self-referrals from the website and assign the bookings to community midwife teams. They will prepare the booking notes, ensure the woman has an IW number and print identification labels.
- The allocated CMW will then make contact with the woman to organise a booking appointment at a clinic or at home. Ideally this should be carried out when she is approximately 8 weeks pregnant, or the earliest opportunity thereafter.

- Bookings conducted later than 12 weeks will be on the monthly maternity dashboard and discussed at the labour ward meeting.

#### **4.2 Schedule of Antenatal care**

- Antenatal care will follow the guidance set out in the NICE guidelines as shown on page 2 of this SOP
- All scheduled appointments are referenced in the Antenatal Care Schedule of appointments on pages 3-9 of this SOP. This document includes all information, screening and other care that should be completed at each contact.
- Consultant appointments will be scheduled as set out in individualised plans of care.
- 16/40 appointments to complete Health Needs Assessment form (HNA) should be in the woman's home
- Pre-birth appointments at 36/40 for first time mothers and any woman requesting a homebirth should be held at home. At least 30 minute appointments should be offered to multiparous women with consideration as to whether this appointment should be at home or in clinic.
- Any deviation or concern of maternal or fetal wellbeing should prompt immediate referral as should any change to the status of the risk assessment
- If a midwife needs to refer a woman for a consultant's opinion they should complete the 'Referral to A Consultant Obstetrician' form (Appendix 1) and take to Antenatal Clinic, where the form will be reviewed and appropriate appointments made.

#### **4.3 Assessment of Fetal and Maternal Wellbeing**

Assessment of fetal and maternal wellbeing at each antenatal midwifery check comprises of:

- a Blood Pressure check, urinalysis, abdominal palpation, fetal heart auscultation and maternal pulse
- If serial growth scans not being performed, measure symphysis fundal height (SFH) from 26 weeks and plot on GROW chart.

- Assessment of fetal movements and discussion around importance of monitoring them and who to contact if any concerns
- From 36 weeks identify presentation and position of the baby, if suspected to not be cephalic, arrange presentation scan
- CO monitoring
- Discuss mental health and take time to discuss any other concerns or vulnerabilities (i.e. safeguarding, domestic situation etc.). If a woman is identified as vulnerable, as well as referring to all appropriate services, it is appropriate to tailor her antenatal care schedule to her individual needs.

#### **4.4 Management of women 12 weeks or more on referral to maternity service**

The Community Co-ordinator will arrange an urgent appointment. The woman may still refer online and this will be triaged by the MSWs and an urgent booking appointment with her CMW will be made. If one is not available within a reasonable time then the MSW will inform the Community Co-ordinator. The woman may also refer herself directly to the Community Co-ordinator who will facilitate an urgent booking appointment. A scan appointment will be generated as soon as the antenatal notes are received in the clinic.

#### **4.5 Migrant women new to the UK**

The CMW should ascertain that migrant women are registered with a GP and have had a full medical examination in the UK. If this is not the case they should be referred to their GP or told to register so that a medical history can be taken and a clinical assessment made of their overall health.

#### **4.6 Women who have delivered in another unit**

If during the booking appointment complications from a previous pregnancy are identified the woman will be referred for consultant led care. The consultant will then decide if the health records from this previous pregnancy are required and gain verbal consent from the woman to obtain them. The consultant will then write directly to the previous hospital to ask that a copy of the records is sent directly to his/her

secretary. If the notes have not arrived within two weeks the consultant's secretary will request them again.

#### 4.7 Missed Appointments

For management of women who miss their antenatal appointments please see DNA SOP

#### 5. Implementation/training/awareness:

- This is a review of a current document and it formalises current practice.
- Once ratified it will be available in all clinical areas within the Maternity Unit and on the intranet.
- All new, reviewed and ratified documents are notified to staff via the monthly maternity newsletter

#### 6. Auditable Standards

What aspects of compliance with the document will be monitored	What will be reviewed to evidence this	How and how often will this be done	Detail sample size (if applicable)	Who will coordinate findings	Which group or report will receive findings
Those women booked after 11+6 weeks	Maternal Notes	Yearly	all	Audit Midwife	MCSG

#### 7. Related Documents:

##### Guidelines:

- SOP for Advice on place of birth and risk assessment in labour
- Care of women who refuse blood products
- Care of women with Diabetes
- Care of pregnant women with a raised BMI
- Care of women who have mental health issues
- VBAC

- Maternal screening tests
- Information for women
- Record keeping
- DNA SOP

## 8. Patient Information:

- Screening Tests for You and Your Baby
- Cff-DNA PIL
- Infant Feeding Leaflet
- BCG information Leaflet

## 9. References:

NICE Guideline for Antenatal care for uncomplicated pregnancies (CG62). March 2008 (Updated Feb 2019).

Saving Babies Lives Care Bundle. March 2019

## 10. Disclaimer:

It is the responsibility of staff to check the Trust intranet to ensure that the most recent version/issue of this document is being referenced.

Version:	Date:	Author:	Status	Comment:	Review Date:
1.0	March 2006	J Draper / T Baxman / MCEG	Ratified	New document	March 2009
1.1	April 2008	J Draper/MCEG	draft		
1.2	January 2010	MCEG	Revised draft	Incorporating missed appointments & risk assessment. For discussion	
2.0	February 2010	MCEG	Ratified	Maternity CSG	February 2012
3.0	20 <sup>th</sup> December 2011	MCEG	Ratified	Maternity CSG	20 <sup>th</sup> December 2014
4.0	23 <sup>rd</sup> April 2013	MCEG	Ratified	Approved at Maternity CSG	23 <sup>rd</sup> April 2016
5.0	5 <sup>th</sup> July 2016	J Draper	Ratified	Maternity CSG	5th July 2019
1	4 <sup>th</sup> June 2020	H Smith/E Reynolds	Ratified	MCSG	Revised converted to SOP/Ratified

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### Appendix 1-Referral to a Consultant Obstetrician

Referral  
- to a Consultant  
Obstetrician

Name .....

Address .....

IW No. ....

Reason for referral (midwife)

Referring midwife	
Gestation	
Date of referral	/ / 2010
Appointment date	/ / 2010
Appointment time	

Outcome of referral

Back to Midwifery Led Care	yes / no
Further consultant appointment	yes / no

## Appendix 2: Letter to GP for Aspirin

Dear Doctor,

The above patient has been advised in accordance with The Hypertension in Pregnancy Guidelines (CG107 June 2019) and Saving Babies Lives Version Two (2019) to take Aspirin at 150mg once a day until 38 weeks gestation.

Would you please exclude contra-indications to this and provide her with a prescription. Contra indications would include severe asthma, stomach ulcers or known allergy to Aspirin.

Kind regards

The Hypertension Team

### **NICE GUIDELINE ON HYPERTENSION IN PREGNANCY**

#### **Women with one of the following risk factors (High Risk)**

High Blood pressure in a previous pregnancy (medicated)	
Chronic Renal Disease	
Type 1 or Type 2 Diabetes	
Chronic Hypertension	
Autoimmune disorder such as SLE, APL syndrome	

#### **Women with more than one of the following risk factors (Moderate Risk)**

Nulliparous (first ongoing pregnancy)	
More than a 10 year interval between pregnancies	
Family history (Mother or Sister) with Pre Eclampsia	
Multiple Pregnancy	
Age 40 or more at booking	
BMI 35 or greater	

### **SAVING BABIES LIVES VERSION TWO**

Previous small for gestational age (less than 10<sup>th</sup> centile on customised growth chart)