BOOKING APPOINTMENT AND SCHEDULE OF ROUTINE ANTENATAL CARE

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This document should be read in conjunction with:

- Obstetric Clinical Risk Assessment (Antenatal, Labour and Postnatal) Guideline
- Quick Guide to Obstetric Risk Factors
- Antenatal Screening Programme Guideline
- Fetal Anomaly Screening Programme Guideline
- Antenatal Clinic Defaulters (DNA or Missed Appointments) Follow Up Procedure Guideline

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## CONTENTS PAGE

<table>
<thead>
<tr>
<th>Contents</th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0 Introduction</td>
<td>4</td>
</tr>
<tr>
<td>2.0 Process for Referral and Booking Appointment</td>
<td>4</td>
</tr>
<tr>
<td>3.0 Booking Appointment</td>
<td>4</td>
</tr>
<tr>
<td>4.0 Booking Appointment After 24 weeks Gestation</td>
<td>5</td>
</tr>
<tr>
<td>5.0 Women Declining Blood Tests</td>
<td>5</td>
</tr>
<tr>
<td>6.0 Process for Women Booking in Labour</td>
<td>5-6</td>
</tr>
<tr>
<td>7.0 Schedule of Routine Antenatal Care</td>
<td>6-9</td>
</tr>
<tr>
<td>8.0 Schedule of Care Summary</td>
<td>9-10</td>
</tr>
<tr>
<td>9.0 Monitoring Compliance with this Guideline</td>
<td>10</td>
</tr>
<tr>
<td>10.0 References</td>
<td>10</td>
</tr>
<tr>
<td><strong>Appendix 1</strong> – Process Pathway to ensure maternal screening tests are offered, undertaken and results reported</td>
<td>11</td>
</tr>
</tbody>
</table>
1.0 INTRODUCTION

The aim of the service is to ensure that all women receive their first booking appointment with the midwife and the handheld maternity notes are completed by 12+6 weeks of pregnancy.

2.0 PROCESS FOR REFERRAL AND BOOKING APPOINTMENT

2.1 Following receipt of a GP referral, self referral letter or electronic referral, the antenatal clerical staff will be responsible for ensuring that the woman receives her first booking appointment letter within 2 weeks with the details of her first pregnancy appointment (booking).

The appointment letter will also include information about antenatal screening tests including blood tests offered at booking and Downs syndrome screening (see Antenatal Blood Test Information Sheet and NSC ‘Screening tests for you and your baby’).

2.2 Women who are already 12 completed weeks (ie 11+6 weeks gestation) or more should be made a priority and therefore telephoned by the clerical staff and offered an appointment within 2 weeks of receipt of referral.

2.3 Midwives who are booking women whose first language is not English should use ‘thebigword NHS Telephone Interpreting’ service during the booking appointment and all subsequent appointments.

2.4 If there are significant medical issues highlighted on the referral letter which require the input of a consultant obstetrician the woman is allocated to the high risk midwife team (Maple Team).

2.5 The booking midwife is responsible for ensuring that the woman receives a completed copy of her maternity handheld record at her first midwife appointment.

The booking midwife is responsible for making sure that the woman knows how to access The Pregnancy Book (DOH 2009) at www.dh.gov.uk . This document will be used as the primary source material for information for pregnant women who book at Chelsea and Westminster Hospital Foundation Trust.

3.0 BOOKING APPOINTMENT

3.1 Each midwife undertaking a booking appointment is responsible for ensuring a detailed medical, obstetric and social history is taken. If a woman has previously delivered at Chelsea and Westminster Hospital her obstetric notes will be available for review at her booking appointment in the antenatal clinic. Risk factors are identified and appropriate referrals are made to obstetricians and/or other professionals if necessary. The schedule of care is then adjusted as appropriate (see guideline Quick guide to obstetric risk factors). The lead professional for care will be clearly identified on the front of the woman’s notes.

3.2 Women who have significant risk factors identified at booking need to be referred to a consultant obstetrician for review. Their previous Chelsea and Westminster Hospital medical notes will be pulled by the antenatal clerical staff so that they are available at their antenatal clinic appointments.

3.3 For those women who have delivered in other U.K. hospitals and their previous obstetric / medical records are required for review by a clinician, the antenatal clinic coordinator should
be informed by the booking midwife. The coordinator will then write to the relevant hospital medical records department to request a copy of the notes to be sent to ANC for review and e-note that the notes have been requested and when they are received.

3.4 All low-risk women booked by our community midwifery teams can be offered a choice regarding place of birth and should be given a balanced explanation of the options for location, i.e. home, birthing unit or hospital. Women who are seen in the hospital antenatal clinic (not community teams) can only be offered the birthing unit or labour ward as options for place of birth.

3.5 At the booking visit the midwife performs a baseline examination. A blood pressure measurement is taken and urinalysis performed. A body mass index is calculated (see Management of Obesity in Pregnancy guideline). Routine antenatal blood tests and the NSC ‘Screening tests for you and your baby’ booklet are discussed with the woman. This leaflet includes information about how to avoid hepatitis B, syphilis, rubella and HIV infection and the woman should be informed that she can request repeat testing if she considers herself to be at risk. All observations, including BMI and VTE assessment, along with any information discussed with the woman, must be documented in the hand held records and also on CMIS (maternity information system).

3.6 The midwife takes the booking blood tests with consent and documents this in the hand held notes. All tests taken at this appointment are documented in the team results folder and checked by the team within 2 weeks. Normal results are communicated to the woman at the next appointment. Abnormal results are followed up by the team midwife and referral to the appropriate practitioner. All actions are documented on e-notes.

4.0 BOOKING APPOINTMENT AFTER 24 WEEKS GESTATION

4.1 Women who book late, particularly those from overseas are at a higher risk of undiagnosed/untreated infectious diseases and Rubella susceptibility.

4.2 If the woman is over 24 weeks gestation all booking blood samples should be requested as stat on Lastword.

4.3 Women who transfer care from another unit and have copies of their booking blood test results only require a repeat blood group. The results should be secured in the hand held notes and documented on CMIS. (N.B. Blood tests should be repeated if overseas results are unable to be interpreted.)

5.0 WOMEN DECLINING BOOKING BLOOD TESTS

5.1 If the woman declines any of the routine booking blood tests the midwife should explore her reasons and explain the benefits of testing. She should offer a further discussion with the specialist midwife for infectious diseases and document the decline in the hand held notes and CMIS.

5.2 The woman should be informed that she can request testing at any stage of her pregnancy and that the tests will be re-offered at her 28 week appointment. The need to re-offer should be clearly highlighted in the hand held notes risk box.
6.0 PROCESS FOR WOMEN BOOKING IN LABOUR

6.1 The pregnancy/labour must be regarded as high risk as the medical, obstetric and antenatal history will not be known. The admitting midwife is responsible for ensuring that the woman is booked for obstetrician led care and should be allocated to the on-duty Consultant.

6.1.1 A full booking history should be taken at admission. Booking bloods should be taken and requested as urgent - See pathway below for guidance

6.2 Additionally between the hours of 09.00 – 17.00pm rapid HIV testing can be carried out by a health advisor from John Hunter Clinic on request, by contacting the GU team on extension 56130.

6.3 The booking midwife on labour ward is responsible for ensuring a plan is made for follow-up of any pending blood results before transfer to the postnatal ward and information / outstanding actions are handed over to named postnatal midwife as necessary.

6.4 Mother and baby must not be discharged home without a plan for follow-up of booking blood results.

Please add ‘Admitted to labour ward – No blood results’ Flow chart here

7.0 SCHEDULE OF ROUTINE ANTENATAL CARE

The health care professional is responsible for documenting all observations undertaken, discussion and information given at each appointment.

7.1 Booking Appointment:

7.1.1 If a full medical examination (including heart and lung check) is not documented on the GP referral letter or has not been undertaken in the UK, the midwife arranges for the woman to attend her GP (ideally before 17 weeks) for this examination to be done as soon as possible after the booking appointment, specifying that an interpreter service should be used if English is not her first language. The GP is requested to record this examination in the maternity notes. If the woman is not registered with a GP arrangements will be made for an obstetrician to complete this examination.

7.1.2 During the booking appointment the midwife discusses and offers Downs syndrome screening and an anomaly scan. If these are not arranged the midwife liaises with the scan department to arrange gestation appropriate fetal anomaly screening.

7.1.3 If the GP has not completed a FW8 form, the midwife completes the form and explains entitlement to free NHS dental care and prescriptions. A healthy start application form is also offered if appropriate.

7.1.4 Information is given by the midwife on:

- How to contact the service (see front of maternity notes)
- Midwifery care
- Schedule of appointments
- Place of birth options
• Nutrition and diet in pregnancy (recommendation of vitamin D and folic acid supplements)
• Exercise including pelvic floor exercises
• Alcohol consumption
• Smoking cessation including risks of passive smoking
• Breastfeeding - discuss the benefits of exclusive breastfeeding for the first six months and no teats or dummies, “off to the best start” leaflet and antenatal information leaflet given
• Antenatal classes

7.1.5 All care given and information provided must be documented in the hand held records and on CMIS where appropriate.

7.2 Definition of types of care:

7.2.1 Shared care – antenatal care is shared between the midwifery team and the general practitioner (GP) with obstetric input as required.

7.2.2 Full care – antenatal care is provided by the midwifery team with obstetric input as required.

7.2.3 High risk care – antenatal care is led by an obstetrician with midwifery input as required

7.2.4 The planned schedule of care is documented in the hand held notes. NICE recommend separate schedules of care for women having their first baby and women having subsequent babies.

7.2.5 If risk factors are identified at the beginning, or during pregnancy, this schedule will change and visits may become more frequent. Any changes to the schedule of care should be clearly documented in the hand held notes. Whenever possible if the woman asks to see a particular individual or professional this should be facilitated.

7.3 Follow up appointments:

At each appointment a blood pressure (BP) measurement is taken and urinalysis is performed. Fetal growth is assessed using symphysis fundal height measurements and/or ultrasound measurements (see obstetric ultrasound guideline). Fetal presentation and lie are identified by abdominal palpation and the fetal heart heard with the woman’s consent. Fetal movements are assessed by discussion with the woman. All tests requested by the midwife are recorded in the results folders and checked within 2 weeks. At each appointment women have the opportunity to ask questions and discuss any concerns.

7.4 16 weeks gestation (midwife)

7.4.1 Assessment of BP, urinalysis and fetal wellbeing are performed as above. All booking blood test results are explained and documented in the hand held notes. If the woman is rhesus D negative an information sheet about anti D is given (see anti D information sheet). If the woman is rubella non-immune the HPA MMR leaflet is given (see rubella guideline).

7.4.2 Information is given about:
• Mini glucose tolerance test – the information leaflet and lucozade is given for the test carried out at 28 weeks gestation
• Breastfeeding information given about rooming in, baby-led feeding and following feeding cues
• The FSA booklet “the parents guide to money” is given

7.5 22 – 24 weeks gestation (GP)

7.5.1 Assessment of BP, urinalysis and fetal wellbeing are performed as above. The anomaly scan is reviewed and the GP liaises with the antenatal clinic if there any concerns. If anomalies are detected at this scan the scan department will arrange follow up with a consultant. A MAT B1 certificate can be given at this appointment.

7.6 28 weeks gestation (midwife)

7.6.2 Assessment of BP, urinalysis and fetal wellbeing are performed as above. Blood tests are offered to screen for anaemia (FBC), gestational diabetes (mini GTT) and if the woman is Rh D negative or has other red cell antibodies a blood group and antibody screen is performed.

7.6.3 If the woman declined any booking blood tests including HIV these should be re-offered during this appointment.

7.6.4 If the woman is rhesus D negative a single prophylactic dose of anti D is recommended, this dose cannot be given prior to 28 weeks gestation (see anti D immunoglobulin administration guideline).

7.6.5 Information is given about:
• Antenatal classes – reminder to book classes
• MAT B1 certificate – completed by midwife if not completed by GP
• Inform them that the next midwife appointment will focus on infant feeding, and ask them to read breastfeeding information and/or watch DVD already given (give another if lost) and discuss this information with their family and friends

7.7 31 weeks gestation (GP) – first baby only

7.7.1 Assessment of BP, urinalysis and fetal wellbeing are performed as above.

7.8 34 weeks gestation (midwife) Infant Feeding appointment

7.8.1 Assessment of BP, urinalysis and fetal wellbeing are performed as above. If the haemoglobin / MCV level was low at 28 weeks or is otherwise clinically indicated a full blood count is taken (FBC). Previous blood test results are explained and documented in the hand held notes.

7.8.2 Information is given about:
• Breastfeeding – discuss importance of skin to skin contact, correct positioning and attachment at the breast. Confirm all previous breastfeeding information has been given and check-list completed in the notes.
• Writing a birth plan – for discussion at next visit
• Signs of labour and when to contact labour ward

7.9 36 week gestation (midwife) Birth Plan discussion

7.9.1 Assessment of BP, urinalysis and fetal wellbeing are performed as above. Fetal presentation must be identified by abdominal palpation. If the midwife is uncertain of cephalic presentation a scan is arranged (see breech information leaflet). The birth plan is discussed including pain relief in labour. The birth plan is then signed by the clinician.

7.9.2 Information is given on:
   • Vitamin K – leaflet given
   • Baby blues and postnatal depression – leaflet given

7.10 38 weeks gestation (GP)

7.10.1 Assessment of BP, urinalysis and fetal wellbeing are performed as above.

7.11 40 weeks gestation (midwife) – first baby only

7.11.1 Assessment of BP, urinalysis and fetal wellbeing are performed as above.

7.11.2 Information is given on:
   • Membrane sweep
   • Induction of labour for post maturity

7.12 41 weeks gestation (midwife)

7.12.1 Assessment of BP, urinalysis and fetal wellbeing are performed as above. The clinician offers a membrane sweep if clinically appropriate and documents the findings in the notes. Information is given about induction of labour for post maturity (see induction of labour leaflets). A date for induction of labour is booked on Lastword (see induction of labour guideline). If the woman declines induction an obstetric appointment is arranged.

8.0 SCHEDULE OF CARE SUMMARY

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9.0 MONITORING COMPLIANCE WITH THIS GUIDELINE

9.1 This guideline should be audited on an annual basis to monitor compliance and also to make recommendations for improvements in practice. Compliance will be monitored through targeted audit of the number of women who have completed a full booking and received their notes by 12 weeks of pregnancy. Where deficiencies are identified actions plans will be drawn up and changes made to reduce the risks.

9.2 Results will be reviewed and action plans monitored through the Maternity Outcomes Group.

10.0 REFERENCES


Pregnancy Book (2009 Department of Health)
APPENDIX 1
Process Pathway to ensure maternal screening tests are offered, undertaken and results reported

Screening booklet (NSC) & C&W patient information blood test leaflet sent out with booking appointment.

At booking appointment, tests discussed and consent gained. Bloods taken.

Booking blood results reviewed by team midwife.

One or more tests declined.
Identify reasons for decline and document. Inform can request testing at any stage
Reoffer tests at 28 week appointment.

Normal results Woman informed at next antenatal appointment and results documented in the notes

Abnormal results Women informed and result actioned by team midwife. Midwife refers to appropriate health care professional for the following:

Infectious diseases – infectious diseases specialist midwife, Hep B specialist nurse, GUM clinic
Haemoglobinopathies - Antenatal screening coordinator
Down’s syndrome - Antenatal screening coordinator