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| Appoint | Who | With | | | | | |
| Pre-Booking < 8wks (20 mins) | All | GP | | | | | <p>BP, urinalysis and CO recording for all patients (inclusive of VBA which includes discussion of opt out referral to the Tobacco dependency team for any patient who discloses they are a current smoker). Whenever CO testing is offered, it should be followed up by an enquiry about smoking status with the CO result and smoking status recorded.</p> <p>NOTE - If new to UK i.e., asylum seeker/immigrant full medical examination with GP encouraged</p> <p>AN screening tests Nutritional supplements:</p> <ul style="list-style-type: none"> Folic Acid 400 mcg daily up to 12 weeks (5mg for patients at high risk of NTDs) Vitamin D 10 mcg daily throughout pregnancy and whilst breast feeding ALL women especially those at risk - see AN guideline GL956 Healthy Start vitamins. Aspirin 150mg OD to be advised for those women at risk to commence from 12wks <p>Healthy Eating in Pregnancy NHS UK National Screening Committee booklet</p> <p>Make booking appointment with midwife between 8 - 10 weeks via online booking system for on RBH website.</p> <p>NOTE: refer women 12 weeks and over to midwife for urgent booking with midwife – should be booked within 2 weeks of contacting MW</p> |
| Booking 8-10wks (1 hour) | All | MW | | | | | <p>Complete EPR booking for all women.</p> <p>Antenatal risk assessment – consultant referral if required – refer to GL810 for criteria.</p> <p>Assess the risk of: GDM, PET, FGR, VTE, FGM.</p> <p>Patients at risk of PET advised to take Aspirin 150mgs daily from 12weeks to 36 weeks, unless advised by a clinician to take a smaller dose or commence sooner (SBLv3).</p> <p>Complete Obstetric Consultant referral if required (refer to GL810 for referral criteria) Complete a Consultant Midwife referral needed and if a known surrogate pregnancy.</p> <p>BP, maternal pulse, urinalysis, weight & height - calculate BMI.</p> <p>CO recording – refer ALL smokers and patients with a CO 4 or above to Tobacco dependency team via orders EPR and complete VBA. Whenever CO testing is offered, it should be followed up by an enquiry about smoking status with the CO result and smoking status recorded.</p> <p>Booking bloods: FBC/serology/group and antibody screen, Haemoglobinopathies. and MSU for microscopy.</p> <p>Check Ferritin levels for those at risk of IDA- See Iron deficiency anaemia management in Maternity guideline (GL783)</p> <p>Advise and offer chlamydia screening if under 25, previously diagnosed and poor compliance suspected and/or symptoms persist.</p> <p>Hepatitis C testing if applicable Refer to GL956 for testing criteria.</p> <p>Discuss domestic violence if partner not present or able to provide safe place to ask sensitive questions – record on EPR.</p> <p>Lifestyle considerations: nutrition and diet, physical activity, smoking, alcohol consumption and recreational drug use</p> <p>Immunisation for flu, whooping cough and other infections, in line with relevant guidelines.</p> <p>Complete Health Visitor Liaison if social concerns and send to Health Visitor, local Authority and upload copy to EPR notes, ensure consent gained and form signed</p> <p>Children’s services referral form to be completed and sent from 12 weeks where applicable</p> <p>FW8 certificate</p> |

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| | All | MW |  | <p>Discuss birthplace, changes during pregnancy, staying healthy during pregnancy, antenatal care.</p> <p>Give details of named midwife and contact details (urgent and non-urgent)</p> <p>Discuss antenatal personalised care plan – record on EPR</p> <p>Discuss combined screening and sign post patients to Screening tests for you and your baby (STFYAYB) - GOV.UK (www.gov.uk).</p> <p>Offer antenatal classes to Primips via QR code.</p> <p>All leaflets can be found on Patient Information Leaflets - Royal Berkshire NHS Foundation Trust</p> |
| | | |  | <p>Book OGTT for patients with previous gestational diabetes as soon as possible. Discuss OGTT for those with risk factors and book OGTT for 24+0 and 28+0 weeks.</p> <p>Inform patients that they will be contacted by the admin team with nuchal scan appointment details</p> <p>Note: CO recording should be completed at every appointment for all patients regardless of <i>smoking status and referral to Tobacco dependency team offered if current smoker or CO reading 4 or above.</i></p> |
| 11-13wks (20 mins) | All | USS |  | <p>Combined screening USS for nuchal translucency or dating scan ANC for serum testing.</p> |
| 16wks (20 mins) | All | MW |      | <p>BP, urinalysis, CO recording for all patients (inclusive of VBA for ALL smokers). Fetal Heart and Maternal pulse.</p> <p>Patients who missed the combined screening should be offered second trimester screening.</p> <p>If RhD negative, take blood for Fetal Rh DNA testing Record/discuss blood test results/urine results</p> <p>Check OGTT result if previous GDM</p> <p>If anaemic at booking repeat bloods- refer to Iron deficiency anaemia management in Maternity guideline (GL783)</p> <p>Review screening test results and action as necessary.</p> <p>Review scan report and ensure anomaly scan is booked</p> <p>Discuss: whooping cough (from 20 weeks up to 32 weeks and book via GP) and flu vaccine (wintertime only- any stage of pregnancy).</p> <p>Signs and symptoms of Pre-eclampsia and obstetric cholestasis</p> <p>Remind Primips to book on to parent Education classes – provide QR code.</p> <p>Enquire regarding emotional wellbeing</p> <p>Discuss reduced fetal movements and give Kicks Count information</p> <p>AN connecting with your baby conversation</p> <p>Discuss domestic violence if partner not present or able to provide safe placeto ask sensitive questions – record on EPR.</p> <p>Ensure patient has 24 hour contact number for maternity department at hospital they are booked to deliver at.</p> <p>Ensure patients who are at risk of developing GDM have OGTT appointment booked for 24- 28 weeks.</p> <p>Health Visitor referral to be completed via EPR message centre to Community 16Week + HV referrals pool.</p> <p>Ensure patients who need to take Aspirin have started taking it</p> |
| 19-22wks | All | USS |  | <p>Anomaly scan (only 1 person to attend with woman, NO children)</p> |
| 24wks | | |  | <p>OGTT to be undertaken in Antenatal clinic for those at risk of GDM</p> |

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| 25wks (20 mins) | Primip | MW |    | <p>BP, urinalysis, CO recording (inclusive of VBA for ALL smokers), Whenever CO testing is offered, it should be followed up by an enquiry about smoking status with the CO result and smoking status recorded. , Fetal Heart, maternal pulse and symphysis-fundal height measurement & plotted.</p> <p>Enquire regarding emotional wellbeing</p> <p>Discuss reduced fetal movements and give Kicks count information.</p> <p>MAT B1</p> |
| 28wks (20 mins) | All | MW |     | <p>BP, Urinalysis, CO recording (inclusive of VBA for ALL smokers), Whenever CO testing is offered, it should be followed up by an enquiry about smoking status with the CO result and smoking status recorded. Fetal Heart, maternal pulse, weight and symphysis-fundal height measured & plotted.</p> <p>Review screening test results and review 20-week scan report</p> <p>Referral for all women that have smoked at any stage of the pregnancy for serial ultrasound scanning via EPR messaging centre to Cat 06 Maternity Referrals</p> <p>FBC, G&S and antibody screen</p> <p>If anaemic at previous appointments of on oral iron refer to Iron deficiency anaemia management in Maternity guideline (GL783) for test to be taken.</p> <p>Review screening test results if done at 16 weeks</p> <p>Discuss reduced fetal movements and give Kicks Count information.</p> <p>AN connecting with your baby conversation,</p> <p>Enquire regarding emotional wellbeing.</p> <p>Check if Local Authority has contacted if social risk assessment was sent at Booking</p> <p>Check if parent education classes booked</p> <p>Check if anti D prophylaxis appointment made for 30 weeks if needed</p> <p>Check MAT B1 given.</p> <p>Check maternal vaccine status.</p> <p>Discuss domestic violence if partner not present or able to provide safe place to ask sensitive questions – record on EPR.</p> <p>Repeat maternal weight & VTE prophylaxis risk assessment.</p> |
| 31wks (20 mins) | Primip | MW |    | <p>BP, urinalysis, CO recording (inclusive of VBA for ALL smokers)</p> <p>Whenever CO testing is offered, it should be followed up by an enquiry about smoking status with the CO result and smoking status recorded.</p> <p>Fetal Heart, maternal pulse & symphysis-fundal height measured & plotted.</p> <p>Discuss/record test results from 28/40.</p> <p>Enquire regarding emotional wellbeing</p> <p>Check maternal vaccines</p> |
| 34wks (30 / 40 mins) | All | MW |     | <p>BP, urinalysis, CO recording (inclusive of VBA for ALL smokers), Fetal Heart, maternal pulse & symphysis-fundal height measurement & plotted.</p> <p>If anaemic at previous appointments of on oral iron refer to Iron deficiency anaemia management in Maternity guideline (GL783) for test to be taken.</p> <p>MRSA swabs if health worker or has recently had surgery or recent admission into hospital in the last year – for further information refer to (CG179).</p> <p>Discuss personalised care plan for labour – if not actioned</p> <p>Complete 34wk checklist and options for birth</p> <p>Enquire regarding emotional wellbeing.</p> <p>Discuss domestic violence if partner not present or able to provide safe place to ask sensitive questions – record on EPR.</p> <p>Discuss reduced fetal movements and give Kicks Count information</p> <p>Reducing risks of cot death - Vitamin K prophylaxis - Fetal Monitoring in labour - Pain relief in labour, Infant feeding and Antenatal colostrum harvesting (provide pack).</p> <p>Check maternal vaccines.</p> |

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| 34wks (30 / 40 mins) | All | MW |  | Discuss postnatal personalised care plan and Postnatal care: Where and when and Neonatal blood spot screening NHS UK Screening Tests for you and your baby if not already given, SIDS - Reducing Risk of Cot Death and BCG leaflet - if relevant. |
| 36wks (20 mins) | All | MW |    | BP, urinalysis, Fetal Heart, maternal pulse & symphysis-fundal height, CO recording. Presentation - If breech refer to ANC for presentation USS Record/discuss blood results Check & record MRSA results. Check FBC, platelets & ferritin if woman required. Discuss infant feeding and Antenatal colostrum harvesting Check maternal vaccines. Enquire regarding emotional wellbeing Discuss reduced fetal movements and give Kicks Count information Discuss domestic violence if partner not present or able to provide safe place to ask sensitive questions – record on EPR |
| 38wks (20 mins) | All | MW |     | BP, urinalysis, CO recording (inclusive of VBA for ALL smokers), Fetal Heart, maternal pulse, symphysis-fundal height and presentation Enquire regarding emotional wellbeing Record/discuss blood results if applicable. Check & record MRSA results if applicable. Check FBC & platelets if woman required. Infant feeding and Antenatal colostrum harvesting Check maternal vaccines. Discuss reduced fetal movements and give Kicks Count information Discuss domestic violence if partner not present or able to provide safe placeto ask sensitive questions – record on EPR. Stretch and sweep from 39wks if opportunity arises. USS should be reviewed to exclude low lying placenta. Discuss and offer IOL from 41wks. Book IOL via orders on EPR. |
| 40wks (20 mins) | All | MW |    | BP, urinalysis, CO recording (inclusive of VBA for ALL smokers), Fetal Heart, maternal pulse, symphysis-fundal height andpresentation Offer membrane sweep. Enquire regarding emotional wellbeing Ensure Induction of labour is booked Discuss reduced fetal movements and give Kicks Count information Infant feeding and Antenatal colostrum harvesting Check maternal vaccines. Discuss domestic violence if partner not present or able to provide safe place to ask sensitive questions – record on EPR |
| 41wks (20 mins) | All | MW |     | This appointment would be offered if IOL declined. BP, urinalysis, CO recording (inclusive of VBA for ALL smokers), Fetal Heart, maternal pulse, symphysis-fundal height andpresentation Whenever CO testing is offered, it should be followed up by an enquiry about smoking status with the CO result and smoking status Offer membrane sweep for Primiparous & multiparas Enquire regarding emotional wellbeing. Discuss reduced fetal movements and give Kicks Count information. Discuss domestic violence if partner not present or able to provide safe placeto ask sensitive questions – record on EPR. Book Induction of labour if patient consent, refer to consultant obstetrician if still declining IOL |

NOTE:

1. If during antenatal assessment the Midwife detects a deviation from normal the woman should be referred to a consultant antenatal clinic
2. Full blood count should be repeated at ANY gestation if ever a woman shows signs of anaemia.
3. Whenever CO testing is offered, it should be followed up by an enquiry about smoking status with the CO result and smoking status recorded.
4. All smokers to have VBA at each appointment and opt out referral to the Tobacco dependency team. All smokers to be offered NRT.
5. Ensure that interpreting services are available if needed. Use independent interpreters rather than the woman's family members or friends.
6. Be aware that closer monitoring may be needed for women and their babies from black, Asian and minority ethnic family origins, and those who live in deprived areas, because they are at an increased risk of adverse outcomes.

Additional maternity information is available on an individual basis at [Patient Information Leaflets - Royal Berkshire NHS Foundation Trust](#)

References

1. National Institute for Health & Clinical Excellence (NICE). (2021). *Antenatal Care:NG201*. Published August 2021. London: NICE. Available at <https://www.nice.org.uk/guidance/ng201>

Monitoring standards

| Auditable Standard | Monitoring method | Frequency of monitoring | Review Group / Committee |
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| All pregnant women will have their booking visit and booking notes fully completed by 12 weeks and 6 days. | Review of a minimum of 1% of maternal health care records of women delivered. | Annual audit report | Maternity Audit Forum |
| All pregnant women who are referred to the maternity service and are already >12 weeks and 6 days will be offered an appointment within two weeks of the referral received. | Review of a minimum of 1% of maternal health care records of women booked after 12 weeks. | Annual audit report | Maternity Audit Forum |
| All migrant women who have not previously had a full medical examination in the United Kingdom will have a medical history taken and a clinical assessment made on their overall health by their GP or obstetric team, using an interpreter if required. | Review of a minimum of 1% of maternal health care records of migrant women delivered. | Annual audit report | Maternity Audit Forum |
| All pregnant women will be risk assessed at the booking appointment by fully completing the booking forms within EPR | Review of a minimum of 1% of maternal health care records of women delivered. | Annual audit report | Maternity Audit Forum |
| All women from whom risks are identified will have a referral letter sent to the obstetric consultant team or anaesthetic team within one week of assessment completed. The referral will be documented in the maternal health | Review of a minimum of 1% of maternal health care records of women delivered | Annual audit report | Maternity Audit Forum |

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| care records. | | | |
| All women will be offered the following information at the booking appointment: antenatal screening tests & options for place of birth. | Review of a minimum of 1% of maternal health care records of women delivered. | Annual audit report | Maternity Audit Forum |
| All women will be offered the following information by the 34-36 weeks appointment: pain management in labour, fetal monitoring in labour and vitamin K prophylaxis. | Review of a minimum of 1% of maternal health care records of women delivered. | Annual audit report | Maternity Audit Forum |
| Antenatal personalised care plan fields on EPR are to be completed for 90% of women booked during a month. | Routinely monitored via Maternity Services Data Set for CNST Safety Action 2 | Annual report | LMS |