All Wales Antenatal Care Criteria

Women booked by community midwives by 10 + 6 weeks. Additional care needs and recommended antenatal care pathways
Where women are under OLC the initial appointment should be with the named consultant, where possible, to aid efficient care planning

Pathway A **Additional care needs requiring - Obstetric led antenatal care (OLC)**	Pathway B **Where some level of additional monitoring is required and/or initial Obstetric antenatal care planning.**	Pathway C **Midwifery-led antenatal care (MLC)**
Cardiovascular and medical • Confirmed cardiac disease • Substance Misuse • Epilepsy • Previous epilepsy • Hypertension • Malignant Disease • Renal disease.	Cardiovascular and medical	Cardiovascular and medical
Respiratory conditions • Asthma requiring oral steroid treatment • Asthma requiring in-hospital treatment or an increase in treatment during pregnancy • Cystic Fibrosis	Respiratory conditions	Respiratory conditions • Well controlled Asthma
Haematological • Blood clotting disorders • Autoimmune disorders e.g. Systemic Lupus, Antiphospholipid syndrome • Haematological – History of sickle-cell, beta thalassemia Major • History of thromboembolic disorders • Hb less than 110 g/L at booking or < 105 g/L at 28/40 with no response to oral iron therapy after 4 weeks. • Hb < 90 g/L n isolation. • Immune thrombocytopenia purpura or platelet count below <150 µ/L at booking or during the course of pregnancy. • Von Willebrand's disease • Bleeding disorder in the women or her unborn baby • Atypical antibodies • Jehovah's witness • Women scoring 4 on VTE assessment • Antenatal thromboprophylaxis administration.	Haematological • Women scoring 3 on VTE assessment should be offered an obstetric appointment to discuss thrombo-prophylaxis from 28/40. • Women scoring 2 on VTE assessment should have discussion around postnatal thrombo prophylaxis this should be prescribed antenatally where accepted.	Haematological • Hb of <110g/L at booking and <105g/L at 28 weeks require iron therapy and 4 weekly FBC in the community. If not responsive to iron therapy or if Hb<90 g/l at any time or any concerns refer to OLC.
Endocrine • Type 1 and 2 diabetics • Gestational diabetic • Hyperthyroidism (may present as hypo) • Hypothyroidism • Women on oral steroids	Endocrine	Endocrine
Auto-immune • Systemic lupus erythematosus, Scleroderma • Connective tissue disorders	Auto-immune	Auto-immune
Infective • Hepatitis B or C • Carriers of, or infected HIV • Toxoplasmosis currently being treated • Active infection or chicken pox/rubella • Primary episode of genital herpes or recurrent active lesions after 36/40 • Tuberculous under treatment • COVID positive during pregnancy requiring hospital admission.	Infective • Current COVID 19 infection • Previous baby affected by GBS or diagnosed with GBS this pregnancy.	Infective • Recurrent episodes of genital herpes, women to be treated by GP with Acyclovir from 36/40 • Group B streptococcus in current pregnancy, who decline IPAB (offer NN observation on obstetric unit as per SRC). • GBS in last pregnancy; Offer Vaginal/rectal swab 35-37/40. If negative IPAB not required can be MLC for birth.
Neurological • Epilepsy • Myasthenia gravis • Multiple sclerosis • Previous cerebrovascular accident	Neurological	Neurological
Gastro-intestinal/Renal • Liver disease (not obstetric-cholestasis) • Abnormal renal functions/known renal disease • Crohn's disease or ulcerative colitis	**Gastro-intestinal/Renal**	**Gastro-intestinal/Renal**
Previous pregnancy • Previous Molar pregnancy • 3 or more consecutive miscarriage • Mid trimester (12-22 week) loss • Previous HELLP syndrome • Baby with neonatal encephalopathy • Gestational Diabetes • Pre-eclampsia • Pre term birth <34/40 • Placenta abruption • Uterine rupture • Pervious caesarean birth • Primary PPH 500-999mls requiring additional treatment for uterine atony. • Primary PPH ≥1000 mls. • Retained placenta • Shoulder dystocia • Cervical tears • 3rd degree tears with ongoing concern or continence issues • 4th degree tears	Previous pregnancy • Previous SGA below 10th centile at birth • Previous baby >4.5kg • Previous 3rd degree tear with no ongoing concerns around pelvic floor health	Previous pregnancy • PPH 500-999mls not linked to uterine atony or requiring additional treatment for uterine atony or hypovolaemia (confirmed via previous birth records).
Current pregnancy • Screening anomaly including low PAPP-A (<0.415 MOM) • Multiple pregnancy • Gestational diabetes • Placenta praevia • Pre-eclampsia /pregnancy induced hypertension • Pre-term pre-labour rupture of membranes • APH of placental origin or 2 or more episodes after 24 weeks. • Alcohol dependency • Maternal age ≥40 at booking • Primiparous BMI ≥35 • Multiparous BMI ≥40 • Eating disorder • Grand multiparty, P5 or > • Concerns with fetal growth or placental function. • Baby with structural/ Chromosomal abnormality • Polyhydramnios/Oligohydramnios • EFW via USS ≥97th centile on GROW chart. • Gestation >41+6 • Administering antenatal thromboprophylaxis • Breech/malpresentation after 36/40	Current pregnancy • Smoker (Serial USS in line with GAP/GROW) • Multiparous women BMI 35-39.9 with a previous vaginal birth in accordance with local criteria for serial USS and GDM screen. • Recurrent1 Altered Fetal Movement with normal investigations .	Current pregnancy • Para 4 or < • BMI at booking of 30 to 34.9kg/m • Maternal age at booking 35-39 inclusive. • 2 episodes of AFM, which are more than 3 weeks apart, with normal investigations. • EFW >90 <97th centile. • 1 episode of PV bleeding of unknown origin >24/40. • BMI <18 with no history of eating disorder.
Skeletal complications • Previous fractured pelvis	Skeletal complications • Spinal Issues (for consideration as to whether this will impact on birth or epidural/spinal anaesthesia).	Skeletal complications
Previous gynaecological history • Myomectomy • Hysterotomy • Cone biopsy • LLETZ x 2 • Any uterine perforation resulting from previous STOP or surgery.	Previous gynaecological history • LLETZ X1 (for review of depth of excision) • History of significant cervical excisional event • i.e. LLETZ where >10mm depth removed, OR >1 LLETZ procedure carried out OR cone biopsy (knife or laser, typically carried out under general anaesthetic).	Previous gynaecological history
Mental health • Known serious mental health illness such as bi-polar disorder	Mental health • Women taking psychotropic prescribed by GP (may need additional support plan	Mental health • History of mental health problems/depression not currently taking medication and stable

*It is noted that the above is not exhaustive and clinicians should exercise clinical judgment
[1]= Definition of recurrent altered fetal movement = at least 2 episodes of altered fetal movements are reported within a 21-day period (All Wales Altered Fetal Movement Guideline, WMNN 2021).