

Extreme Preterm Pathway (document 3)

Antenatal Management Proforma

Date: Time: Previous counselling: yes / no

Addressograph

Mother's name:

Hospital number:

NHS number:

D.O.B:

Current Gestational age: ____ weeks ____ days, based on LMP/USScan at
____ weeks

Gravida ____ Parity ____

Singleton / Multiple pregnancy (and chorionicity):

Presentation:

Previous Obstetric History:

Reason for admission (and how diagnosed):

- Threatened/established preterm labour –
Clinical/Biomarker test (fFN /actim partus) positive/cervical length scan
QUiPP App % risk score of delivery -
- Membranes intact /ruptured – Colour of liquor
Speculum / ROM-kit (IGFBP-1 or PAMG-1) / other/ inconclusive
If PPRM, gestation/duration of ruptured membranes-
- Other (e.g PIGF to rule out pre-eclampsia) -

Recent ultrasound scan (if any)

- Date of scan-
- Estimated fetal weight, centile, and fetal sex -

Maternal /fetal risk factors:

- Maternal infection/chorioamnionitis
- GBS positive
- Maternal diabetes / hypertension
- Antepartum haemorrhage
- High risk Down's screening/inherited chromosomal disorder
- Abnormal anomaly scan
- Fetal growth restriction and/or abnormal dopplers
- Congenital infection
- Other -

Any Obstetric interventions done/planned:

- Maternal corticosteroids x 2 doses – full / partial / repeat ; date of last steroid-
- Magnesium sulfate – bolus & maintenance/ bolus only
- Prophylactic antibiotics
- Cervical cerclage
- Vaginal progesterone
- Tocolysis
- In-utero transfer
- Induction of labour / Caesarean section
- Other -

Current Maternal Medication:

Fetal monitoring:

- No monitoring of FH
- Intermittent auscultation
- CTG

Level of management agreed with parents and neonatologist:

- Active (survival focussed)
- Palliative (comfort focussed)

Parental Counselling/Information leaflet given: Yes / No

Agreed Intrapartum management:

- Mode of delivery
- Intrapartum fetal monitoring
- Analgesia in labour
- Delayed cord clamping
- Attendance of neonatal team / Resuscitation
- Other-

Suggested postnatal management/ investigations (please circle as appropriate):

- Postnatal counselling
- Placental histology
- Cytogenetics
- Infection screen (blood and/or swabs)
- Blood tests –
- Post-mortem
- Other-

Obstetric counselling led by (sign, print, designation, GMC)	
Clinical team present:	
Discussions with Tertiary Unit (if appropriate)	
Further episode of discussion with mother and partner: -	Date / time:
Birth partner/family members present:	Clinical team present:
Summary of further discussions:	
Conclusions and management plan:	

Signature:	Name / GMC
Further episode of discussion with mother and partner: -	Date / time:
Birth partner/ family members present:	
Clinical team present:	Summary of further discussions:
Name / GMC	Signature:

References:

- 1) Antenatal Optimisation for Preterm Infants less than 34 weeks: A Quality Improvement Toolkit. October 2020
- 2) BAPM Framework for Practice October 2019
- 3) NICE Guideline NG 25: Preterm Labour and Birth. Nov 2015(Updated 2nd August 2019)
- 4) Perinatal Management of Pregnant Women at the Threshold of Infant Viability (The Obstetric Perspective), RCOG Scientific Impact Paper No. 41, February 2014