All Wales Place of Birth Assessment Criteria CYMRU NHS WALES NATE WALES NATE NEW MATER NEW MATER



Place of birth assessment at around 36/40, to be completed by the lead carer giver, and at each antenatal contact after this time including at each labour assessment.

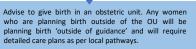






Pathway A Additional care needs requiring Obstetric led intrapartum care (OLC)	Pathway B Individual assessment and intrapartum care planning	Pathway C Midwifery led intrapartum care (MLC)
Cardiovascular/other medical conditions Confirmed cardiac disease Hypertension Malignant Disease	Cardiovascular/other medical conditions • Cardiac disease without intrapartum implications	Cardiovascular/other medical conditions
Haematological Autoimmune disorders e.g. Systemic Lupus Antiphospholipid syndrome Haematological – History of sickle-cell, beta thalassemia Major History of thromboembolic disorders Hib less than 85g/L Immune thrombocytopenia purpura or platelet count below 100 μ/L Von Willebrand's disease Bleeding disorder in the woman/fetus Atypical antibodies known to cause HDN Jehovah's witness with additional care needs Women scoring 3 or 4 on VE assessment and on prophylactic or therapeutic antenatal anticoagulants	Haematological Atypical antibodies not known to cause HDN Platelets >100 <150 µ/L Hb between 85-105g/L and asymptomatic of anaemia	Haematological Hb of <pre>Holog/L</pre> Hb of <pre>Holog/L</pre> Hb of <pre>Holog/L</pre> Hb of <pre>Holog/L</pre> Hb at 34/40 OR 4 weeks after commencing iron therapy Women scoring 2 on VTE assessment where postnatal thrombo-prophylaxis has been prescribed or declined
Endocrine Hyperthyroidism (any history of hyper, may present as hypo) Women on oral steroids Type 1 and type 2 diabetes Gestational diabetes	<u>Endocrine</u>	Endocrine Adequately treated primary hypothyroidism
Auto-immune Systemic lupus erythematosus, Scleroderma Connective tissue disorders	<u>Auto-immune</u> Connective tissue disorders (non-specific)	<u>Auto-immune</u>
Infective Hepatitis B or C carriers of, or infected HIV Toxoplasmosis in pregnancy Active infection or chicken pox/rubella Primary infection of genital herpes (First lesion) diagnosed in pregnancy or recurrent active lesions after 36/40. Tuberculous under treatment	Covid 19-symptoms or positive test within 10 days of onset of labour or previous hospital admission due to Covid-19 during pregnancy. Previous baby affected by GBS, diagnosed with GBS this pregnancy, or opting for Intrapartum Antibiotic Prophylaxis (IAP).	Infective History of genital herpes, and lesion free throughout pregnancy, offer prophylactic acyclovir from 36/40. Reoccurrence of genital herpes in this pregnancy but lesion free prior to 36/40, offer prophylactic acyclovir from36/40. Group B streptococcus in current pregnancy, declining Intrapartum Antibiotic prophylaxis (recommend neonatal observation as per EOS calculator). GBS in last pregnancy; Offer Vaginal/rectal swab 35-37/40. If negative IAP not required, can be MLC for birth unless mother wishes . IAP in which case this should be supported.
Neurological Epilepsy Myasthenia gravis Multiple sclerosis Previous cerebrovascular accident	Previous epilepsy not medicated and no seizures for 3 years.	Neurological
Gastro-intestinal/Renal Liver disease (not obstetric-cholestasis) Abnormal renal functions/known renal disease	Gastro-intestinal/Renal Crohn's disease or ulcerative colitis	Gastro-intestinal/Renal
Previous pregnancies Previous Molar pregnancy Previous HELLP syndrome Severe pre- eclampsia/eclampsia Pre-eclampsia requiring preterm birth Baby with neonatal encephalopathy Uterine rupture Placental abruption Previous PPH 500-999mls requiring treatment or blood transfusion. Primary PPH >1000mls or any amount causing symptoms of hypovolaemia. Retained placenta Caesarean section Shoulder dystocia Cervical tears 3"/4th degree tears with ongoing concern or continence issues	Previous pregnancies Pre-eclampsia at term and asymptomatic this pregnancy. Triangle and asymptomatic this pregnancy. Triangle are the area with no ongoing issues.	Previous pregnancies Mid trimester miscarriage (12-22 weeks). Previous SGA below 10th centile (Suitable for Midwifery-led birth where USS's are Normal) Previous pre-term birth now >37/40. Previous PPH 500-999mls with no treatment or evidence of bleeding due to uterine atony, previous birth record to be reviewed to confirm clinical picture.
Current pregnancy Multiple pregnancy Low PAPP-A and concerns around fetal growth. Gestational diabetes Placenta praevia Pre-eclampsia /pregnancy induced hypertension Pre-term pre-labour rupture of membranes APH of placental origin or > 1 episode after 24 weeks Alcohol dependency Maternal age ≥40 at booking. Nulliparous BMI ≥35-39.9 with normal GDM screen and USS's. All parity BMI>40 Grand multiparity P6 >. Concerns with fetal growth or placental function. Concerns around fetal movement within 24 hours of the onset of labour. EFW ≥97th with any other additional care needs Polyhydramnios/oligohydramnios Gestation >41+6 Therapeutic or prophylactic thromboprophylaxis Wt. <50kg with anaemia Persistent breech/mal presentation.	Current pregnancy Women declining booking/anomaly USS APH of unknown origin,1 episode after 24/40 Substance misuse Para 5 EFW via USS > 97th centile with normal GDM screen and otherwise uncomplicated pregnancy. 2 episodes of raised blood pressure antenatally, taken more than 4 hours apart. Recurrent. episodes of AFM (2 or more within 21 days) with reassuring outcomes of investigations and where fetal movements have been normal in the last 24 hours. Booking WT<50kg , no concerns around fetal growth and normal haemoglobin. Low PAPP-A with normal fetal growth on serial USS	 EFW >90th <97th centile on USS at 36/40 with otherwise uncomplicated pregnancy. Assisted conception A single episode or >1 episode of AFM (occurring > 21 days apart), with reassuring investigation and normal fetal movement in the last 24 hours.
Previous gynaecological history Myomectomy Hysterectomy Cone biopsy Any uterine perforation resulting from previous STOP or surgery.	Previous gynaecological history Extensive vaginal repair/re fashioning LLETZ x2 laparoscopy/laparotomy	Previous gynaecological history • LLETZ x 1
Respiratory Severe asthma requiring increase in treatment of hospital admission during pregnancy Cystic fibrosis	Respiratory	Respiratory Mild asthma women only using inhalers prescribed by GP. Steroid inhalers where asthma has been stable during pregnancy
Cystic florosis Mental Health Where intensive maternal or neonatal monitoring is required during labour and/or postnatally.	Mental Health Stable mental health illness on various psychotropic medication, including antipsychotics. (Plan neonatal care as per maternal psychotropic drug pathway)	Mental Health Women on SSRIs and stable (Plan neonatal care as per All Wales maternal psychotropic drug pathway).







After an individual discussion and assessment may be suitable to give birth in a midwifery-led setting.



Advise to give birth in a midwifery led setting.