

Reference Number: UHBOBS007 Version Number: 9	Date of Next Review: 7/2/2027 Published: 7/2/2024
<h2>Antenatal Care Guideline</h2>	
<p>Introduction and Aim</p> <p>Women, pregnant people and their partners and families should always be treated with kindness, respect and dignity. Their views, beliefs and values of the woman, her partner and her family in relation to her care and that of her baby should be sought and respected at all times (NICE 2021).</p> <p>The words “woman” and “women” have been used throughout this document as this is the way that the majority of those who are pregnant and having a baby will identify. For the purpose of this document, this term also includes girls. It also includes people whose gender identity does not correspond with their birth sex or who may have a non-binary identity</p>	
<p>Objectives</p> <p>To guide midwives on supporting women and pregnant people though the antenatal period, ensuring they are offered regular check-ups, information and support.</p>	
<p>Scope</p> <p>This policy applies to all healthcare professionals in all locations including those with honorary contracts</p>	
<p>Equality Health Impact Assessment</p>	<p>An Equality Health Impact Assessment (EHIA) has/has not been completed. (Please delete as necessary) Where it has not been completed indicate why e.g. ‘This is because a procedure has been written to support the implementation the Policy. The Equality Impact Assessment completed for the policy found here to be a negative/positive/no impact.</p>
<p>Documents to read alongside this Procedure</p>	<p>About Antenatal Screening - Public Health Wales (nhs.wales) Antenatal Screening.) All Wales Midwife Led Care Guideline 2022 Anaemia in Pregnancy Antenatal care (nice.org.uk). Fetal Growth Assessment GAP Protocol and Growth Charts Homebirth Guideline Induction of Labour Guideline</p>

	Saving Babies Lives Bundle
Approved by	

Summary of reviews/amendments			
Version Number	Date of Review Approved	Authors	Summary of Amendments
1	Jul 2006		
2	Jul 2009	Delyth Bebb	Reviewed and amended by Delyth Bebb
3	Dec 2010	S Jose, S Andrews	Reviewed and amended by S Jose, S Andrews
4	Oct 2012	Anne Morgans	Reviewed and amended by Anne Morgans
5	Jan 2014	B Judd, A Massey	Reviewed and amended by B Judd, A Massey
6	Jul 2018	K Fischer-Jenkins, A Neary,	Reviewed and amended by K Fischer-Jenkins, A Neary,
7	7/12/18		Minor amendment to management of women with previous OASI and Inclusion of Haematology ANC Criteria
8	17/05/2019		CO Monitoring ratified separately and added as Appendix 5
8a	07/06/2019		Amended to show referral for large baby is by weight alone (>4.5Kg) and not centile
9	7/2/2024	H Williams	Reviewed and amended to simplify and streamline

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Introduction

This guideline uses the terms 'mother' and 'woman'/'women' throughout. We recognise that not all birthing people identify as female, these phrases should be taken to include all birthing people. Furthermore, where the phrase 'parent' is used, this includes anyone who carries the main responsibility for a baby.

Good communication between healthcare professionals and women is essential. It should be supported by evidence-based, written information tailored to their needs. Care and information should be culturally appropriate. All information should also be accessible to women with additional needs - such as physical, sensory or learning disabilities - and to women who do not speak or read English. Every opportunity should be taken to provide the woman and her partner, or other relevant family members, with the information and support they need (NICE 2021).

All pregnant women will be allocated a named midwife. The named midwife will usually be attached to the GP surgery with whom the woman is registered. If a woman requests care from a midwife not based at the GP surgery, individual arrangements will be put in place.

For women who are suitable for Midwife Led Care (MLC), the named midwife will take overall responsibility for the provision and co-ordination of maternity care. For women with additional risk factors, a named obstetrician will provide Consultant Led Care (CLC) and take overall responsibility for the provision and co-ordination of maternity care. Women under CLC will also see their named midwife at their GP surgery as needed or may be allocated a named midwife based in the hospital.

It is important that all midwives and health care professionals are mindful of the MBRACCE-UK report on maternal and perinatal mortality. This found that women and babies from some minority ethnic backgrounds and those who live in deprived areas have an increased risk of death and may need closer monitoring and additional support. (Knight et al, 2022)

For patients who do not speak or understand English, an independent interpreter should be used though an NHS interpreting service. Family or friends of the patient should not be used to interpret information for a patient. Important information, such as about fetal movements, should always be offered in the patient's own language where available.

Every antenatal contact between a pregnant person and a healthcare professional is an opportunity for antenatal education and this should be embraced. 'Never lose an

opportunity of urging a practical beginning, however small, for it is wonderful how often in such matters the mustard seed germinates and roots itself' (Florence Nightingale).

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Booking Process

Once a woman identifies that they are pregnant, their GP surgery should guide them towards the CAV UHB maternity website to fill in the online pregnancy referral form - [Pregnancy - Cardiff and Vale University Health Board \(nhs.wales\)](#). Following submission of this form, the patient will be automatically sent an email containing the 'YOUR PREGNANCY WITH CARDIFF AND VALE UHB MATERNITY' leaflet and information relating to: antenatal screening tests; contact numbers; public health and wellbeing and vaccines.

Once this form is submitted, the named midwife, or midwife covering the surgery, should contact the patient within 2 weeks to organise the booking appointment, ideally by the 10th week of pregnancy (NICE, 2021). If the patient has highlighted that they have a significant health condition, appropriate care for this should be organised in addition to the booking appointment.

If the patient presents after the 10th week of pregnancy, the booking appointment should be completed at the next available appointment - ideally, no later than two weeks following the submission of the form. The reason for the later referral should be identified and documented (NICE 2021).

The booking appointment should be offered as a face to face (F2F) appointment. If this is not possible, a virtual appointment should be offered using 'Attend Anywhere'.

Once the booking appointment has been organised, the details of the date, time, person undertaking the booking and whether it is F2F or virtual, should be added to the patient's individual record on the SharePoint Pregnancy Bookings worklist.

At the booking appointment, all parts of the All Wales Maternity Record (AWMR) should be completed. Please refer to the All Wales Maternity & Neonatal Guidelines All Wales Midwifery-Led Care Guideline 6th Edition [All Wales Midwife Led Care Guideline 2022](#) for guidance on criteria for MLC or CLC for lead professional.

In IVF pregnancies the Estimated Due Date should be the date given in IVF Clinic

At the booking appointment, the Antenatal Care NICE 2021 guidance should be followed [Antenatal care \(nice.org.uk\)](#).

Screening tests should be offered and if accepted, consented to in line with antenatal screening Wales (ASW) advice ([About Antenatal Screening - Public Health Wales \(nhs.wales\)](#)) and UHW antenatal screening guideline ([Antenatal Screening.](#))

Carbon Monoxide (CO) testing should be offered at the booking appointment. If it is not possible to undertake the CO test, this should be offered at the dating scan. This is in line with Saving Babies Lives Care Bundle V2 (NHS England, 2019). If a patient, their partner or anyone in their home smokes or the patient has a CO reading of >4ppm they should be offered a referral to Help Me Quit ([Professional Referral Form | Help Me Quit](#)), and nicotine replacement products should be offered. For Smoking Cessation and Nicotine Replacement Therapy see [H:\Documents\MPF Smoking Cessation AMENDED.pdf](#)

Following completion of the booking with the patient, the patient's individual record on the SharePoint Pregnancy Bookings worklist should be updated and the dating scan requested, if required. The ANC administration/clerical team are then responsible for organising the dating scan, prioritising the records marked as 'urgent' and those most advanced patients based on last menstrual period (LMP). The dating scan should be between 11+2 weeks and 14+1 weeks (NICE 2021). Patients should be sent a letter with the details of their scan appointment.

Following the booking, The electronic record documentation should be completed, including the details of previous pregnancies and children, past medical and surgical history, current pregnancy, general details, next of kin details, partner details, father of the baby details, pregnancy overview and care professionals.

The patient should be referred to the community midwives on the PARIS system and allocated to the named midwife. If the patient does not have a PARIS record, one should be created.

An antenatal contact form should be completed for the patient and filed in the GP surgery casefile. If the booking is being completed by someone other than the named midwife, the person undertaking the booking should email a completed electronic antenatal contact form (Appendix 1) to the named midwife, or person next covering that clinic.

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Screening Appointment

When the patient attends for their dating scan they should be offered to have their height and weight measured and BMI calculated.

If the patient consented to antenatal screening at the booking appointment, these tests should be taken at the dating scan appointment. If the patient declined the tests, they should be offered to them again and the rationale and recommendation discussed. In addition to the tests outlined by ASW, Women should be asked about symptoms of urinary tract infection at every antenatal contact. These symptoms include frequency of urine, dysuria and/or abdominal pain. Symptoms of UTI may be non-specific in pregnancy.

The UK National Screening Committee [3] does not recommend screening for asymptomatic bacteruria routinely in pregnancy. Asymptomatic bacteruria (ASB) is defined as a positive culture of the same uropathogen on two occasions in a patient without urinary symptoms [3].

At all antenatal appointments ask all women about symptoms of UTI. They must be informed not to send an MSU unless there are nitrites in the urine or the woman is symptomatic.

A MSU should NOT be sent at the booking or screening appointments (or equivalent) unless

- a. There are nitrites on computerised urinalysis. All women should have urinalysis at EVERY antenatal contact, preferably computerised.

OR

- b. The woman is describing symptoms of UTI.

All women should have urinalysis at every antenatal contact and be routinely asked about symptoms of UTI such as frequency or dysuria.

NICE Antenatal Care guidelines recommend screening for pre-eclampsia at every antenatal contact, which includes urine dip for proteinuria. Our use of computerised urinalysis means that we simultaneously receive reports of leucocytes and nitrites in the urine. Leucocytes are non-specific and their presence is not diagnostic of UTI or bacteruria. Positive leucocytes with negative nitrites on urine dip does not require further investigation or treatment.

Positive nitrites in women with **symptoms** of UTI is strongly suggestive of bacteriuria. Empirical antibiotic treatment should be started in line with [Hospital Micro guide](#), and a urine culture sent. In **asymptomatic** women positive nitrites in the urine should prompt further investigation with a urine culture.

If CO testing was not undertaken at the booking appointment this should be offered again and the results recorded on the Electronic Documentation system and in the AWMR.

Risk assessments and appropriate action/follow up should be offered for:

- Aspirin
- VTE
- Need for glucose tolerance test (GTT)
- Fetal growth monitoring method (symphysis fundal height or serial growth scans)
- Premature delivery

A growth chart should be created following the GROW guidance: [Fetal Growth Assessment GAP Protocol and Growth Charts](#)

If the patient requires a consultant review, anaesthetic review, further scans, GTT, specialist review, or any referrals, these should be organised prior to the patient leaving the antenatal clinic. Individual guidelines for these processes should be followed. (See Appendix III for details on referral to the High Risk Obstetric Anaesthetic Clinic)

The patient should be advised to contact their GP surgery to book their 16-week appointment with the midwife.

The 'Dating Scan MCA' workflow should be completed.

The patient should be given their handheld maternity notes to take home and contact numbers highlighted for if they have any obstetric concerns.

Transfer of Care into CAV UHB

Patients receiving care from an alternative health board but wishing to deliver under CAV UHB should be discussed directly with the antenatal clinic operational lead.

Referrals should be completed on SharePoint as normal by the patient to report the pregnancy.

The booking appointment should preferably be face to face at the GP surgery

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If a hospital number needs to be generated, antenatal clinic should be contacted on extension 46475 or patient flow on 45665.

If the patient is less than 30/40 gestation (or they do not have any handheld notes) an All Wales Maternity Record should be completed, if over 30/40 gestation the patient's existing notes should continue to be used.

For screening tests clinical judgement should be used as to what is needed. If the patient is transferring from inside Wales and results are visible on Welsh Clinical Portal, only a group and save sample will be required. An FBC should be taken if indicated as per the anaemia policy. If the patient is transferring from outside of Wales then booking bloods are to be repeated at the booking by the midwife or at the next appointment if waiting for a unit number to be generated.

If the patient has physical or digital evidence of an NHS dating and anomaly scans and they are MLC (with no other indicators for scan) then no scan is required. A DAU appointment is not required unless other concerns arise, and the patient can continue with routine MLC care.

If the patient does not have documentation of their dating and anomaly scans or has had these abroad, they will need a dating scan. This can be generated by booking a routine booking scan on SharePoint.

If the patient is CLC then the booking line should be called and a consultant review (+/- scan as appropriate) should be requested.

All usual aspects of the electronic record documentation that would normally be completed at booking should be completed including 'booking tests' and 'Dating Scan MCA' workflows

Checks to be completed at transfer booking:

- GROW chart generated and checked
- Aspirin risk assessment (paperwork in DAU cupboard)
- VTE risk assessment (paperwork in DAU cupboard)
- Ensure patient has all contact numbers (paperwork in DAU cupboard)
- MEWS chart filed

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Patients Choosing to Birth Out of Area

If a patient wishes to deliver under another health board, the appropriate health board should be contacted at the earliest opportunity in order to facilitate this transfer of care. Care should be provided in agreement with the alternate health board - in most cases this will involve the patient receiving community midwife care with the CAV UHB community midwife at the local GP clinic.

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Change of Lead Professional

Patients have the right to request a change of lead professional at any time throughout their care, and this request should be treated with respect. This request should be investigated to identify any trends or concerns that may need to be addressed. If the patient wishes to make a formal complaint, the concerns email address should be provided (CAV.concerns@wales.nhs.uk).

If a patient requests a change of lead professional from MLC to CLC, this should be put in an email to the antenatal clinic operational lead and a consultant appointment organised.

If a patient requests a change of lead midwife, this should be put in an email to the community operational leads. The community operational lead should discuss the concerns with the patient and a mutually agreed plan created. Any subsequent change of lead professional should be documented on E3 and discussed with the appropriate members of staff involved.

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Patients Presenting Antenatally to the Maternity Unit Later than 17/40 Without Booking

Any patient who presents to the maternity unit antenatally later than 17-week's gestation should have the following prior to discharge, alongside appropriate care for the reason they have attended the maternity unit:

- Offered all appropriate screening tests in line with antenatal screening Wales (ASW) advice ([About Antenatal Screening - Public Health Wales \(nhs.wales\)](#)) and UHW antenatal screening guideline ([Antenatal Screening.](#)) on admission. These tests should all be marked as urgent so as to be tested by the laboratory within 24 hours. The laboratory at UHW should be contacted to advise that the samples are urgent and require urgent testing
- The patient should be booked and the AWMR and E3 completed prior to the patient being discharged. Appropriate referrals should be completed prior to discharge.
- The midwife should sensitively enquire as to why the patient has delayed accessing care and document this on E3. If there are concerns related to safeguarding, then the Safeguarding Team should be contacted to get advice. Consideration should be given to submitting a Multi-Agency Referral Form (MARF). The midwife in charge should be informed of these concerns.
- The named midwife and community operational lead should be informed of the patient and their pregnancy in order to provide continuing antenatal care. The patient should be advised to call their GP surgery and book in for an antenatal appointment with the midwife.
- A USS should be performed to exclude multiple pregnancy and to assess fetal size (AC, HC, BPD and Femur Length), liquor volume and placental site.
- An antenatal clinic consultant appointment should be urgently made for the patient prior to discharge.

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Schedule and Content of Appointments

Schedule of care can be found in Appendix 2; this is in line with GAP guidance.

At the 16-week appointment the midwife or consultant first seeing the patient should discuss all the points on the 16/40 sticker.

16 weeks- Discussed:	
<input type="checkbox"/> Results (page 15)	<input type="checkbox"/> Concerning signs and symptoms
<input type="checkbox"/> 20 week scan booked	<input type="checkbox"/> Contact numbers
<input type="checkbox"/> Breastfeeding benefits+ leaflet+ bonding with baby (sign page 40)	<input type="checkbox"/> Importance of fetal movements + tommy's leaflet
<input type="checkbox"/> Workshops/ labour and birth information	<input type="checkbox"/> Schedule of care
<input type="checkbox"/> Assess need for iron +/- prescribe	<input type="checkbox"/> Flu, whooping cough and COVID vaccines
<input type="checkbox"/> Aspirin risk assessment +/- prescribe. Check PAPP	<input type="checkbox"/> Vitamin K
	<input type="checkbox"/> Confirm if for SFH/ serial USS + check GROW chart

At every antenatal contact, the following should be offered and documented:

- Urinalysis
- Blood pressure (must be plotted the MEWS chart)
- Routine enquiry
- Assessment of emotional wellbeing
- Ongoing assessment of care plan and lead care professional (CLC/MLC) with any recommended change to the planned place of birth documented accordingly and discussed with the patient following the All Wales Guideline for MLC care [All Wales Midwife Led Care Guideline 2022](#)
- Discussion regarding foetal movement pattern (signpost to page 30 of the AWMR)
- Discussion of concerning signs and symptoms (signpost to page 32 of the AWMR) and highlighting of contact numbers
- Checking of results and actioning as appropriate. Following recommendations from the anaemia guideline: [Anaemia in Pregnancy](#)

Antenatal care will include offering the following:

- Full Blood Count (FBC) and Group/Antibody screening (WBS and BBS) at 28/40
- Repeat offer of Virology screening at 28/40 if declined at booking

- Re-weigh at 36/40 and page 27 of the AWMR completed
- At 36/40 the '36-38 week check' on E3 should be completed
- Foetal presentation should be assessed by abdominal palpation from 36 weeks onwards to identify presentations alternative to cephalic. (NICE 2021)
- FHR auscultation from 36 weeks onwards to be documented as a single figure
- Confirming recommended screening tests have been offered/ undertaken

If a homebirth is preferred, the homebirth booking should be completed from 36 weeks in line with the homebirth guideline: [Homebirth Guideline](#)

Antenatal care will include giving information (supported by signposting to relevant resources) on a range of topics including, but not limited to:

Workshops (classes available e.g. labour workshop, breastfeeding workshop, induction of labour workshop, physiotherapy workshop)

- Vitamin K
- Emotional wellbeing (antenatal and postnatal wellbeing)
- Benefits available and Mat B1 form
- Sleep positions
- Newborn vaccinations
- Newborn screening
- Sudden Infant Death Syndrome (SIDS) and safe sleeping
- Overlay
- Exercise in pregnancy
- Carbon monoxide (CO) screening and smoking cessation guidance ([in line with the Saving Babies Lives Bundle](#)). Nicotine replacement products prescription should be offered at all ANC appointments.
- Healthy eating
- Breastfeeding benefits and bonding with baby
- Creating a birth plan, analgesia (pharmacological and non-pharmacological)
- Induction of labour (in line with [Induction of Labour Guideline](#))
- Hyponatremia and recommendations for hydration in the latent phase
- Labour and birth preparation information
- Location for delivery
- Signs of labour
- When to call in labour
- Where to go in labour

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- 3rd stage of labour
- OASI and episiotomy
- Care of a newborn
- Relationship building with baby
- Responsive feeding
- Skin to skin contact
- Postnatal care

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Fetal Growth Assessment

For all fetal growth assessment information please see the fetal growth assessment guideline:

[Fetal Growth Assessment GAP Protocol and Growth Charts](#)

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National institute for Health Care Excellence (2021) *Antenatal Care* (NICE Guideline 201)
Available at: [Overview | Antenatal care | Guidance | NICE](#)

NHS England (2019) *Saving Babies' Lives Care Bundle Version 2*. Available at: [Saving-Babies-Lives-Care-Bundle-Version-Two-Updated-Final-Version.pdf \(england.nhs.uk\)](#)

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Appendix I : Antenatal Record Sheet

Antenatal Record Sheet- Named Midwife:					
Personal Details			Present Pregnancy		
NHS number		LMP	EDD		
Unit Number		GP Surgery			
Paris ID		Booking Date			
Name		Smoker Yes/ No	Help me Quit referral	Yes/ No	
Address		Medical History			
Postcode					
DOB					
Landline		Obstetric History			
Mobile					
Language Spoken					
Interpreter Required Yes/ No					
Employment		Social Concerns			
Partner/ Support name					
Relationship					
Contact number					
Gravida	Para	Original booking		MLC / CLC	
		Planned place of birth		MLU / CLU / Home	
		Screening			
Additional comments/referrals		ABO		Virology	
		Antibodies		Gluc/ HbA1c	
		Hb		Trisomies	
		Platelets		MSU	
		SC/Thal		Ferritin	
		28/40 bloods			
GROW: SFH/Serial USS		Reason:	Hb	Ferritin	
GTT Yes/ No		Appt:	Result:	Platelets	Antibodies
Antenatal Attendances					
Date	Gest	Comments		Next Visit	
Health Visitor:					
Covid Vaccines			Flu vaccine		
MatB1		Pertussis vaccine			

Appendix II : Antenatal Care Contacts and Appointments



Antenatal Care Contacts and Appointments

Appointment	Rationale for Visit	WHO
Woman identifies she is pregnant and visits GP surgery	You will be asked to complete a Maternity Booking Referral form. You will be provided with a pregnancy information pack and informed that the CMW will be in contact within 7 days to arrange booking appointment.	ALL
By 10 weeks	Midwife Booking Appointment at GP surgery. A full health screen is completed including: <ul style="list-style-type: none"> • Healthy lifestyle, diet, weight, exercise. • Parent education options • Information about the Maternity Care Service. • Maternity Record is completed. • Informed consent obtained for screening tests. Blood Pressure (BP) and Urinalysis is performed.	ALL
11-12 weeks	Screening appointment at hospital for: <ul style="list-style-type: none"> • Dating Scan, Antenatal Screening Blood Tests and Screening for Down's, Edward's and Patau's Syndromes • Medical and Pregnancy Risk Assessment is carried out in order to plan appropriate care 	ALL
15 – 17 weeks	Appointment with Midwife in GP surgery for discussion of Screening tests results, Breastfeeding, Public Health and Social issues.	ALL

	<p>BP and Urinalysis is performed.</p> <p>Please bring a urine sample to every appointment.</p>	
18 - 21 weeks	Anomaly Scan to detect structural abnormalities	ALL
25 weeks	<p>Appointment with Midwife in GP surgery or Antenatal Clinic (depending on care plan)</p> <p>BP and Urinalysis</p> <p>Antenatal Classes and Health Promotion information</p>	Women who are having their first baby
28 weeks, 31 weeks and 34 weeks	<p>Appointments with Midwife in GP surgery or Antenatal Clinic</p> <p>BP and Urinalysis</p> <p>Measurement of Symphysis Fundal height or growth scan at 28 and 32 weeks at hospital (depending on risk assessment)</p> <p>Screening blood tests for FBC and Rhesus Antibodies at 28 weeks</p> <p>Prophylactic anti D appointment around 28 weeks for women who are rhesus negative in hospital</p> <p>Antenatal Classes and Health Promotion information</p>	ALL
36 weeks	<p>Appointment with Midwife in GP surgery or Antenatal Clinic</p> <p>BP and Urinalysis</p> <p>Measurement of Symphysis Fundal height or growth scan at hospital (depending on risk assessment)</p> <p>Women who have a baby in the breech position are offered referral to the hospital for assessment and plan of care</p>	ALL

	<p>Information provided on preparation for labour and birth including the birth plan, recognising active labour and coping with pain</p> <p>Further information given on breastfeeding, care of new baby, Vitamin K prophylaxis and new-born screening tests</p> <p>Discussion of postnatal care management</p>	
38 weeks	<p>Appointment with Midwife in GP surgery or Antenatal Clinic</p> <p>BP and Urinalysis</p> <p>Measurement of Symphysis Fundal height (unless having growth scans)</p> <p>Information is given on options for management of prolonged pregnancy</p>	ALL
40 weeks	<p>Appointment with Midwife in GP surgery or Antenatal Clinic</p> <p>BP and Urinalysis</p> <p>Measurement of Symphysis Fundal height or growth scan at 39 weeks hospital (depending on risk assessment)</p>	ALL
Term + no later than 8 days	<p>Appointment with Midwife in GP surgery or Antenatal Clinic</p> <p>BP and Urinalysis</p> <p>Measurement of Symphysis Fundal height (unless having growth scans)</p> <p>Vaginal examination for stretch and sweep is offered.</p> <p>Induction of labour is booked or Consultant Midwife review arranged if induction is declined.</p>	ALL

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Appendix III: Referral to the High Risk Obstetric Anaesthetic clinic

(Tuesday afternoon OBST32 and Wednesday morning OBST20 clinic sessions)

Antenatal Patients

All patients to be booked an appointment at 32 – 34 weeks gestation, however earlier is helpful if preterm delivery anticipated.

Haematological

- All patients on heparin or low molecular weight heparins in pregnancy
- Any patient being seen regularly in the Haematology Clinic e.g. ITP, TTP, antithrombin III deficiency, Von Willebrands disease
- All patients with platelet count below 100 on 28 week bloods
- Sickle cell disease

Respiratory

- Severe asthma
- Significant history of respiratory disease e.g. cystic fibrosis, restrictive lung disease sarcoidosis, fibrosing alveolitis, pneumothorax

Neurological

- Any patient with a history or current intra-cranial pathology, including patients with VP or LP shunts.
- Any patient with a history of neuro-inflammatory disease e.g. MS

Spine

- All patients with any degree of spina bifida
- Any patient with a history of back surgery

However, we are happy to see any patient with back problems if they have specific concerns.

GIT/Liver

- Any patient with a history of major abdominal surgery
- Chronic liver disease of any cause

Renal

- Any patient with chronic renal failure
- All renal transplant recipients

Miscellaneous

- **Morbid obesity i.e. Booking BMI greater than 45**

All mothers with a BMI 35-45 will be seen in the Healthy Pregnancy clinic at 28 weeks & screened for anaesthesia related problems. A referral to anaesthetic clinic will be made by the BMI clinic staff only if specific concerns

- Previous history of specific anaesthetic-related problems e.g. suxamethonium apnoea, malignant hyperthermia
- Substance abusers
- Severe drug allergy
- Patients who refuse blood transfusion e.g. Jehovah's Witness
- Any patient who is experiencing severe anxiety related to their delivery and pain relief

Please note ALL cardiac patients will be seen through the dedicated multi-disciplinary Cardiac Obstetric Clinic on Tuesday afternoon by Dr de Lloyd, Consultant Anaesthetist following the revised cardiac care pathway.

Cardiac – follow new cardiac obstetric care pathway as above

- Complex congenital heart disease/surgery OR aortic disease/surgery
- Moderate OR severe valvular heart disease
- Significant history of dysrhythmias
- Any patient under regular cardiology review, including multiples who may have been seen in previous pregnancies