Reference Number: UHBOBS225 **Version 1**	**Date of Next Review: 20/4/26** **Previous Trust/LHB Reference Number:**

ANTENATAL CLINIC BOOKING STANDARD OPERATING PRACTICE AND DATING APPOINTMENT OUTCOMES

Introduction and Aims

The aim of this SOP is to standardise the care and the resulting pathway that these women follow so that we can use our resources across both hospital sites adequately. This SOP should be used in conjunction with the All-Wales Antenatal Care criteria available on the WISDOM Cardiff and Vale Health board web page

Objectives

Booking occurs in the community, and the standard is by 10 weeks (NICE 2021). The screening appointment takes place in hospital (UHW /UHL) ideally between 11+2 and 14+1 for all women
This document outlines the standard operating procedures for managing different conditions and the follow up appointments that should be arranged when conditions are identified at either the booking or screening appointment.

Scope

This policy applies to all healthcare professionals in all locations including those with honorary contracts.

Equality Health Impact Assessment	*An Equality Health Impact Assessment (EHIA) has not been completed.*
Approved by	*Maternity Professional Forum*
Accountable Executive or Clinical Board Director	Abigal Holmes Director of Midwifery
Author(s)	C. Stone (Obstetric Consultant) K. Donoghue (Antenatal Clinic Lead Midwife) A. Robb (Consultant Obstetrician)

Standard Operating Procedure for Antenatal Booking & Dating appointment Outcomes

If the woman has had a previous blood clot (DVT or PE)

1. **Commence clexane as soon as possible in pregnancy– ideally same day** (this can be arranged through the senior registrar on call via switchboard – bleep 6900)
2. **Also make urgent referral to the obstetric / haematology clinic (same week) via referral form or email** Haem.obstetrics.cav@wales.nhs.uk

During the screening scan appointment, the screening midwife will complete the standardised Badger net screening proforma. This will include documented risk assessments for:

- **Pre-eclampsia**; including provision of aspirin
- **Fetal growth restriction** whether serial growth scans are required.
- **VTE risk assessment** and evaluation as to whether Clexane is indicated is still to be done on paper, filed and the outcome of the assessment documented on Badgernet record. Please clearly document on Badger net that this has been completed under manual forms completed.
  If there is a VTE risk, it should be added to the risk factors section within Badger net so that it is clearly visible for the remainder of the women's care.
- **Preterm birth** including whether referral to PTB prevention clinic or rainbow clinic required

Antenatal Clinic Codes

Please use the following form as a guide for clinics.

	Consultant	Clinic Code	Specialist	
MON AM - UHW	Miss Pina Amin	OBSPACONS OBSPAREG	Epilepsy / **General**	
MON PM - UHW	Miss Fran Hogg	OBSFHCONS OBSFHREG	**General**	
TUES AM - UHW	Mr Henry Cole Miss Cath Stone	OBSDIABHC OBSDIABCST OBSDIABREG	Endocrine disorders Diabetes in pregnancy & GDM	
WEDS PM - UHW	Cath Stone	OBSCSTCON OBSCSTMED	**General** Previous gastric sleeve Cysts / Hx Myomectomy BMI >45 Prev Perineal trauma	
TUES PM – UHW (fortnightly)	Mr Gareth Lock	CARDIAC	High risk cardiac clinic	
TUES AM - UHL	Miss Monique Latibeaudiere Dr Amy Robb	RAINBOW	See referral criteria (previous second trimester loss/ SB/early NND)	
TUES PM - UHL	Miss Anna Denereaz Miss Monique Latibeaudiere	OBSAEDCONS OBSAEDREG OBSMLCONS OBSMLREG	**Vale General** **Vale General** and recurrent miscarriage for ML	
WEDS AM - UHW	Miss Cerys Scarr Miss Henry Cole	OBSCESCONS OBSHCCONS OBSHCREG OBSCESREG	Previous SGA < 3rd centile. Low Papp-A **General**	
WEDS PM - UHW	Miss Cerys Scarr	OBSPTBNEW OBSPTBFU	Preterm Birth Prevention Clinic	
WEDS PM – UHW (fortnightly)	Mr Gareth Lock	OBSGLCON OBSGLMED	Maternal Medicine	
WEDS AM – UHL	Miss Pina Amin	OBSDIABPA OBSPAGDM	Endocrine disorders Diabetes in pregnancy & GDM	
THURS AM – UHW	Miss Amy Shacaluga	OBSHAEM	Joint Haematology clinic	
THURS AM - UHW	Dr Amy Robb	OBSPTBNEW OBSPTBFU	Twin pregnancy	

THURS PM - UHW	Mr Mark Osmond	OBSMOCONS OBSMOREG		
THURS AM - UHL	Miss Anne Lloyd	OBSALCONS OBSALREG	PNMH	
THURS PM - UHL	Miss Anne Lloyd	OBSALCONS OBSALREG	New PNMH women and postnatal debrief alt weeks	
FRI AM – UHW	Miss Ruba Halabi			
FRI AM – UHW	Mr Gareth Lock	OBSGLCON2 OBSGLMED2	Maternal Medicine	
FRI PM – UHW (fortnightly)	Mr Gareth Lock	OBSGLFRI OBSGLREG	**General**	

In the instance where there are more than one conditions with differing appointments required, then the earliest appointment option should be taken and arranged for the woman.

All parous women referred for OLC and whose previous birth was in CAV should have old notes requested and available for consultant review. Please detail this on request to admin team.

Midwifery Led Care

1. Plan care as per All Wales Guidance
2. Book GTT as appropriate
3. If woman is otherwise MLC but has a single risk factor requiring serial growth scans (e.g. smoking fewer than 10cpd) then a scan should be booked on the MW scan lists at 28 weeks, and woman given this appointment before leaving ANC.

Quick Reference Guide for Obstetric led care follow up:

Fibroids Page 4
Healthy Pregnancy clinic Page 4
History of Gastric Sleeve Page 4
History of weight loss injections Page 4
History of Genital Herpes Page 5
Maternal Age >40 Page 5
Maternal Request Caesarean Page 5
Medical Conditions Page 5
- Generic referral
- Thyroid disorders
- Epilepsy

Ovarian Cyst Page 6
Perinatal Mental Health Concerns Page 6

Preterm Birth Page 6
Previous blood clot (DVT/PE) Page 7
Previous Caesarean Section(s) Page 7
Previous Small for Gestational Age baby Page 7
Previous PPH Page 7
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Appendix A – Referrals to High-Risk Anaesthetic Clinic Page 4
Appendix B - Maternal medicine referral form Page 9
Maternal Medicine Referral Criteria Page 10
Appendix C - Perinatal Mental Health Referral Form Page 13
Appendix D - Preterm Birth referral Page 14
Booking Outcome form Page 15

Obstetric led care follows up Pathways:

Anaesthetic clinic

Please refer using the referral form on Badgernet. See Appendix A for Referral to Anaesthetic Clinic Guideline and Criteria

Fibroids - General clinic

1. If fibroids present on dating scan of >6cms, then woman will need ANC and scan appointment at 28 weeks.
2. With multiple small fibroids, providing overall total diameter of fibroids <6cms, woman can remain on SFH pathway and under MLC
3. With any concerns, please ask a consultant.

Healthy Pregnancy Clinic (raised BMI ≥35)

1. Book mothers with otherwise low-risk pregnancies in the appropriate Healthy Pregnancy Clinic as per existing pathway

i) BMI ≥ 35 into HPC35
ii) BMI ≥ 40 into HPC40

2. If the woman has other risk factors, they should still be booked for the HPC pathway at 16 weeks, but also have a consultant appointment at 28 weeks with their first serial growth scan
3. Check women are taking folic acid 5mg OD and aspirin if indicated.

History of Gastric Sleeve

1. Even if these women present with a normal BMI, they should still be booked as OLC. Bloods should be taken for baseline nutritional status – B12, Ferritin, Vitamin D, folate, magnesium, triglyceride profile, and HbA1c
2. Refer to HPC35 / 40 to be seen by dietician. Ferritin and B12 being taken for women on GLP weight loss injections or have had a gastric sleeve and attend Healthy Pregnancy Clinic
3. Ensure woman is taking 5mg folic acid, along with pregnancy multivitamin
4. These women are not suitable for OGTT, but all will still require screening for GDM – please do not book GTT, however email Lisa Bull with woman details who will then arrange follow up: Lisa.Bull@wales.nhs.uk
5. These women will need serial growth scans due to increased risk of SGA babies – please book ANC at 28 weeks with scan, using code OBSCSTCON

History of conception whilst on Weight Loss Injections

1. Even if these women present with a normal BMI, they should still be booked as OLC. Bloods should be taken for baseline nutritional status – B12, Ferritin, folate, Vitamin D, magnesium, triglyceride profile, and HbA1c
2. Refer to HPC35 / 40 to be seen by dietician
3. Ensure woman is taking 5mg folic acid, along with pregnancy multivitamin
4. These women will need serial growth scans due to increased risk of SGA babies – please book ANC at 28 weeks with scan, using code OBSCSTCON

History of genital herpes – general clinic

1. Book appointment in ANC at 32 weeks for consideration of acyclovir
2. Woman can then be seen for place of birth discussion, prescription for acyclovir prophylaxis and discharged to MLC if appropriate. Maternal Age ≥40 at conception – general clinic

3. Book serial growth scans and first ANC appointment at 28 weeks

Maternal Request Caesarean – general clinic

1. Woman should be given the RCOG 'Choosing a caesarean section' leaflet via Badger net or in paper form
2. Offer the woman referral to Birth Choices for an in-depth discussion
3. If serial scans are required, book ANC and scan for 28 weeks
4. If no serial scans are required, and there are no other risk factors, the woman can then be seen at 28 weeks for a discussion and birth plan.

Medical conditions

1. Please book ANC appointment using the following codes:

Dr G Lock	OBSGLMED
Ms R Halabi	OBSRHMED

2. Ensure does not fulfil criteria for any joint obstetric/specialist clinic – e.g. Cardiac, Endocrine or Haematology – these should be booked into appropriate joint clinic / referrals made
3. If medical condition is present, and criteria for joint clinic is not fulfilled, refer to Maternal Medicine Referral Criteria in Appendix B. If the medical condition is within this criteria, book OBSGLMED/OBSRHMED at 16-18 weeks **and** complete maternal medicine referral form in Badger net. Woman to go home with appointment.
4. If unsure, or woman has a condition not within the criteria listed in Appendix B, complete Maternal Medicine Referral. Book OBSGLMED/OBSRHMED at 16-18 weeks so that woman leaves with this follow up appointment.
5. If there is any concern about the woman, please email Dr Halabi and Dr Lock for advice

Thyroid disorders

1. Check with the woman if there is any history of:
    i. Thyroidectomy or thyroid surgery incl. cancer
    ii. Taking medication such as Carbimazole or Propylthiouracil
    iii. Ablation using radioactive treatment
    iv. Graves' disease, Hashimoto's, goitre, thyroid nodule, or thyroiditis

If any of the above present, please book ANC in Endocrine clinic at 16-18 weeks

Ms P Amin	OBSDIABPA
Ms C Stone	OBSDIABCS
Mr H Cole	OBSDIABHC

2. If none of the above present, please send TFTs at the booking appointment and complete referral for Virtual Thyroid clinic
3. If there are other risk factors present for OLC, please book ANC appt at 28 weeks
4. If woman is otherwise minimal risk, Woman can be referred to Virtual Thyroid Clinic and remain on MLC pathway
5. For any queries on the above, please email Lisa Bull on lisa.bull@wales.nhs.uk

History of Epilepsy

1. Please book early review using code OBSPACONS at **14-16 weeks**

Ovarian cyst

1. If simple cyst <5cms present on dating, no further action is needed.
2. For cysts >5cms, please book OLC appointment at **14-16 weeks** for review and discussion with consultant under OBSCSTCONS

Perinatal mental health concerns

1. Please see proforma by Dr Lloyd in Appendix C. Only women who meet this referral criteria will be accepted due to capacity
2. Please book appointment for women at 16 -18 weeks under the code: OBSALPNMH (please do NOT book these women into OBSALCONS)
3. Completed referral forms should then be given to the AN admin team to show to Dr Lloyd

Risk factors for Preterm Birth

1. Complete referral form through badger net.
2. Referral will be reviewed and woman contacted with subsequent appointment.
3. **Please inform woman they should be seen at around 16 weeks, so if they have not heard about an appointment by 15 weeks, they should contact the antenatal clinic.**

Previous blood clot (DVT or PE)

1. Commence clexane as soon as possible in pregnancy– ideally same day (this can be arranged through the senior registrar on call via switchboard – bleep 6900)

2. Also make urgent referral to the obstetric / haematology clinic (same week) via referral form or email Haem.obstetrics.cav@wales.nhs.uk

Previous Caesarean Section – general clinic

1. Woman should be given the RCOG 'Birth after previous caesarean leaflet'
2. Book first Consultant appointment at 22-24 weeks after anomaly US
3. Ensure that old notes are requested to be available at this appointment.
4. At this appointment initial VBAC counselling will occur.
4. If serial scans are required, these will then be arranged for 28 weeks onwards
5. If no serial scans are required, the woman can then be seen at 36 weeks for a final discussion and birth plan.

Previous Small for Gestational Age (SGA) Baby

1. If any previous birthweight centiles <3rd centile, woman should be booked in for Uterine Artery Dopplers with Dr Scarr at 22-24 weeks and given aspirin.
    i. Use clinic code OBSCESCON with scan code MWSGA
2. If previous birthweight 3rd-10th centile, and is otherwise MLC then woman can be booked for a midwife led scan at 28 weeks and have MW scans on the MLC pathway
3. If previous birthweights 3rd-10th centile with other factors needing OLC, please book ANC and scan at 28 weeks
4. If previous birthweight ≥3kg at term as per triage sticker, then please book US via MW or OLC pathway at 36 weeks.

Previous PPH – general clinic

1. If previous PPH between 500-999mls with no treatment or evidence of bleeding due to uterine atony, previous birth record to be reviewed to confirm clinical picture" then woman can remain MLC
2. If unsure, please book ANC appointment at 28 weeks for review with previous birth notes.
3. If >1000mls, please book ANC appointment at 28 weeks with or without scan if appropriate and request previous birth notes

Previous Traumatic Delivery – general clinic

1. Offer referral to birth choices if appropriate
2. Book appointment at 24 weeks and request old birth notes to be available

Previous 3rd or 4th degree tear / Perineal Trauma

1. Book 16–18-week appointment using code OBSCSTCON

Twin Pregnancy

1. Please book appointment in Twin clinic using code NEWTWIN at 16 weeks
2. MCDA / MCMA twins will need a 16-week scan
3. DCDA twins do not need a 16-week scan, just standalone appointment under NEWTWIN

Triplet Pregnancy

1. Please refer to FMU and make appointment in multiples clinic for 16 weeks using NEWTWIN and SCANTWIN 9detail Triplet)

Unknown history of birthweights

1. In the absence of other risk factors, these women can remain MLC but will need serial scans on the MW led pathway. Book scan for 28 weeks and give appointment to woman prior to them leaving ANC
2. With other risk factors that would qualify for OLC, book ANC and scan at 28 weeks and give appointment to woman prior to leaving ANC.

IVF Pregnancy

All women with an IVF pregnancy should have a consultant appointment at 16-18 weeks to determine pathway of care. EDD should align with date provided by IVF team.

If unsure

Please consult all Wales guidelines here and if unsure either directly ask a consultant in clinic or contact the obstetric lead consultant or email Kendall Donoghue with queries.

Appendix A

Reference Number: *UHBOBS164* **Version Number:** 1	**Date of Next Review:** *23/9/27* **Previous Trust/LHB Reference Number:** *n/a*

Referrals to High-Risk Obstetric Anaesthetic Clinic

Introduction and Aim

To clarify the criteria for referring women to the High-Risk Obstetric Anaesthesia Clinic

Objectives

- To provide midwifery staff with a guideline to inform their clinical decision making.

Scope

Equality Health Impact Assessment	*An Equality Health Impact Assessment (EHIA) has not been completed.*
Documents to read alongside this Procedure	*Obstetric Anaesthesia Guideline 2024*
Approved by	*Maternity Professional Forum* *O&G Quality & Safety Group*

Accountable Executive or Clinical Board Director	*Abi Holmes, Director of Midwifery*
Author(s)	*Sarah Harries, Consultant Anaesthetist* *Sarah Bell, Consultant Anaesthetist*

Summary of reviews/amendments			
Version Number	**Date of Review Approved**	**Date Published**	**Summary of Amendments**
1	03/112017	08/11/2017	New Document
2	18/09/24	23/9/27	

Referrals to 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 <u>any</u> 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 multips who may have been seen in previous pregnancies

Appendix B

Maternal Medicine Referral Criteria:

Cardiovascular	Follow referral criteria for joint/obstetric cardiology clinic. If does not fulfil criteria for joint clinic, the following should be booked into Maternal Medicine Clinic (OBSGL/OBSRSH) at 16-18 weeks: - Aortic stenosis – mild/moderate with no ventricular dysfunction - Atrial Septal Defect (ASD) – repaired, no arrhythmia or ventricular dysfunction. - Patent Ductus Arteriosus – repaired, no arrhythmia or ventricular dysfunction. - Pulmonary stenosis – mild/moderate with no ventricular dysfunction - Supraventricular tachycardia - Ventricular Septal Defect – repaired, no arrhythmia or ventricular dysfunction. **Any other cardiovascular disease:** complete referral form and e-mail **Dr Halabi or Dr Lock**
Neurology	- Acute stroke - Brain tumour – previous/ current - Cerebral vein thrombosis – previous or current - Cerebrovascular malformation (CVM/AVM/ cavernoma) - Cluster headache - Encephalitis - Guillan-Barre Syndrome – previous or current - Idiopathic Intracranial Hypertension (IIH) - Intracranial aneurysm - Intracranial haemorrhage- previous or current - Intracranial pressure – raised, symptomatic - Ischaemic stroke - previous - Meningitis - Migraine – on recent treatment - Motor Neurone Disease - Multiple sclerosis - Myaesthenia Gravis - Myotonic Dystrophy - Neurofibromatosis - Neuromuscular dystrophy

	- Neuromuscular disorders with respiratory muscle involvement - Pituitary Apoplexy - Posterior Reversible Encephalopathy Syndrome (PRES) - Reversible Cerebral Vasoconstriction Syndrome - Spinal Cord Injury - Spinal Muscular Dystrophy
Respiratory	- Asthma – on regular preventers/ complicated. If no medication – book into general ANC. - Biologics – any respiratory condition being treated with immunotherapy/biologics. - Chronic Obstructive Airways Disease - Cystic Fibrosis - Lung transplant - Obesity hypoventilation - Obstructive sleep apnoea - Pneumothorax - Restrictive lung disease (e.g. Interstitial Lung Disease (ILD), kyphoscoliosis) - Sarcoidosis - Tuberculosis – active/ on treatment
	-
Gastrointestinal/ Hepatology	- Achalasia - Bowel transplant - Cirrhosis - Crigler Najjar Syndrome - Crohn's Disease - Decompensated liver disease - Hepatitis - Hyperemesis gravidarum – on steroids - Inflammatory Bowel Disease - Jaundice – unexplained - Liver failure - Liver infarction/ haematoma - Liver transplant - Pancreatitis - Portal hypertension - Primary biliary cirrhosis - Primary sclerosing cholangitis - Ulcerative Colitis
Rheumatology	- Ankylosing Spondylitis - Antisynthetase syndrome - Behcet's Syndrome - CREST syndrome - Ehlers Danlos Syndromes (excluding Type 3 hypermobile – if unsure, refer)

	- Polymyositis-dermatomyositis - Psoriatic Arthritis - Reactive arthritis - Rheumatoid Arthritis - Seronegative arthritis - Scleroderma - Sjogren's - Systemic Lupus Erythematosus (SLE) - Vasculitis
Renal	- Acute Kidney Injury - Chronic kidney disease - Dialysis - Glomerulonephritis - Kidney disease – on biologics, or progressive in pregnancy - Lupus nephritis - Polycystic Kidney Disease (PKD) - Proteinuria – heavy >5g/24h - Reflux nephropathy - Single Kidney - Tubulointerstitial nephritis - Urinary tract infection – recurrent culture positive - Urinary tract reconstructive surgery - Renal Transplant
Endocrinology	Referral to joint endocrine/obstetric clinic or Thyroid clinic as per criteria. Book maternal medicine clinic at 16-18 weeks if: - Microprolactinoma
Metabolic Medicine	- Fatty acid oxidation defects - Galactosaemia - Glycogen storage disorders - Hypophosphataemia – inherited - Lysosomal storage disorders - Peroxismal disorders - Phenylketonuria - Urea cycle defects
Oncology	- Malignancy – previous or current
Infectious Disease	- AIDS - HIV - Malaria – in current pregnancy - Tuberculosis – active/ on current treatment

Appendix C

PERINATAL MENTAL HEALTH SPECIALIST ANTENATAL CLINIC (OBSALNEW)

If you are unsure whether a woman is suitable for referral you can contact Mrs Anne Lloyd to discuss specific cases on Mary.Lloyd3@wales.nhs.uk.
Please note that these referrals criteria relate specifically to the Obstetric Consultant Led PNMH Antenatal Clinic (OBSALNEW). A separate referral should be considered for the Community Perinatal Mental Health Team (who would provide necessary psychiatric, psychological, and pharmacological support) as needed and in accordance with their own referral guidance.

PLEASE TICK INDICATION FOR REFERRAL BELOW:

PERSONAL MENTAL HEALTH HISTORY

- Currently under a secondary or community Mental Health Team
- Previous admission into a Mental Health Inpatient unit within last 5 years
- Has been previously detained under a Section of the Mental Health Act
- Any current or previous diagnosis of the following conditions that required management by **either community or secondary mental health teams**:

    - Bipolar Affective Disorder
    - Schizophrenia/Schizoaffective disorder
    - Other psychotic illness
    - **Severe** depression (including previous suicide **attempts –** not just suicidal thoughts/ideation)
    - **Severe** anxiety disorder
    - Eating disorder
    - Post-Traumatic Stress Disorder
    - Obsessive Compulsive Disorder

PREVIOUS PREGNANCIES

- Previous severe Postnatal Depression
- Previous Postpartum Psychosis

MEDICATION HISTORY

- Any woman taking an antipsychotic (e.g. – Amisulpride, Aripiprazole, Chlorpromazine, Clozapine, Flupentixol, Haloperidol, Olanzapine, Prochlorperazine, Quetiapine, Risperidone, Sulpiride, Zuclopenthixol, Paliperidone, Lurasidone, Cariprazine)
- Any woman taking Lithium
- Any woman taking anti-epileptic drugs *for reasons of mental health* (e.g. – carbamazepine, lamotrigine, levetiracetam, topiramate, pregabalin, gabapentin)
-
- Any woman taking **regular** benzodiazepines or 'Z-drugs' for anxiety or sleep (e.g. – Diazepam, Lorazepam, Alprazolam, Temazepam, Zopiclone)

RED FLAG SYMPTOMS

If women are experiencing these red-flag symptoms, please also refer to the PNMH Team via their own referral form. Please perform a risk assessment and urgently contact the woman's GP (if woman is in the community) or Liaison Psychiatry (if she is an inpatient) as indicated.

- Experiencing new thoughts of violent self-harm
- Sudden onset or rapidly worsening mental symptoms
- Persistent feelings of estrangement from their unborn baby

Appendix D

PRETERM BIRTH RISK ASSESSMENT
NO direct booking, all by referral please

Pt id
Name
Gestation at referral
Referral date
Referrer name

If woman has had TERM DELIVERY since the risk factor event, there is usually NO NEED for a scan
Unless that term birth was a result of treatment with progesterone or a cervical stitch

Referral for the following reasons: -

Previous PTB <34/40	Child alive – refer using this form
	Child deceased - do not complete this form. *Please make separate referral to Rainbow Clinic*
One or more spontaneous mid-trimester loss 16-24/40	*Do not complete this form.* *Please make separate referral to Rainbow Clinic*
Previous PPROM <34/40	refer using this form
Previous cervical cerclage or use of progesterone	Successful outcome - refer using this form
	Failed cerclage – URGENT referral using this form and email consultant ROBB
Known uterine variant (i.e. – unicornuate, bicornuate or uterine septum)	refer using this form
Previous cone biopsy, or 2 or more LLETZ procedures	refer using this form
Trachelectomy (removal of whole cervix as part of cancer surgery)	URGENT referral using this form and email consultant ROBB
Previous full dilatation caesarean section	Refer using this form

One previous LLETZ	Refer using this form for review of histology. Inform woman that only Lletz with a depth of 15 mm or more need ultrasound surveillance and the depth will be reviewed by the PTB team If abnormal smear +/- colposcopy and punch biopsy only, no need for referral

Any further details: - Please inform woman they should be seen at around 16 weeks, so if they have not heard about an appointment by 15 weeks, they should contact the antenatal clinic