

# Antenatal Day Assessment Unit

## Guideline information

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## Approval information

Approved by: Maternity Working Control Document Group

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Review date: 30/05/2027

### Summary of document:

These pathways are aimed at ensuring health professionals refer pregnant women requiring further investigations to the appropriate place for care, and that fitting investigations are undertaken, and pathways are followed. Minimising unnecessary antenatal admissions while providing a high-quality co-ordinate service with continuity of care, especially for those pregnancies with complications.

### Scope:

This guideline is relevant to midwives, obstetricians and other health care professionals involved in the care of pregnant women to ensure timely referral to the most appropriate location to support seamless working and care provision.

The guidance uses the term “Woman” (Pronouns she or her) to describe individuals whose sex assigned at birth was female, whether they identify as female, male or non-binary. It is important to acknowledge it is not only people who identify as women for whom it is necessary to access women’s health and reproductive services. Therefore, this should include people who do not identify themselves as women but who are pregnant or have recently given birth. Obstetric and midwifery services and delivery of care must therefore be appropriate, inclusive and sensitive to the needs of those individuals whose gender identity does not align with the sex that they were assigned at birth.

To be read in conjunction with:

Maternity Triage Guideline

Hypertension Guideline

Preterm prelabour rupture of membranes guideline

Breech Birth Guideline

Intrahepatic Cholestasis of Pregnancy Guideline

All Wales Reduced Fetal Movements Guideline

Anti-D and Rhesus Disease in Pregnancy Guideline

All Wales Small for Gestational Age Guideline

All Wales Reduced Fetal Movements

<https://wisdom.nhs.wales/all-wales-guidelines/all-wales-guidelines/all-wales-altered-fetal-movements-managementmaternity-network-wales-2021pdf/>

RCOG patient information:

- Breech baby at the end of pregnancy

<https://www.rcog.org.uk/en/patients/patient-leaflets/breech-baby-at-theend-of-pregnancy/>

- Understanding How Risk is Discussed in Healthcare.

<https://www.rcog.org.uk/globalassets/documents/patients/patientinformation-leaflets/pi-understanding-risk.pdf>

- Choosing to have a caesarean section

<https://www.rcog.org.uk/globalassets/documents/patients/patientinformation-leaflets/pregnancy/pi-choosing-to-have-a-c-section.pdf>

- Your baby's movements in pregnancy

<https://www.rcog.org.uk/globalassets/documents/patients/patientinformation-leaflets/pregnancy/pi-your-babys-movements-in-pregnancy.pdf>

- Obstetric cholestasis <https://www.rcog.org.uk/en/patients/patientleaflets/obstetric-cholestasis/>

- Turning a breech baby in the womb

<https://www.rcog.org.uk/en/patients/patient-leaflets/turning-a-breech-babyin-the-womb/>

- When your waters break prematurely

<https://www.rcog.org.uk/globalassets/documents/patients/patientinformation-leaflets/pregnancy/pi-when-your-waters-break-prematurely.pdf>

Patient information:

Include links to [Patient Information Library](#)

Owning group:

Maternity Working Control Document Group

30/05/2024

Executive Director job title:

Clinical Lead Obstetrician

Reviews and updates:

1.0 – *New Guideline*

2.0 – *Reviewed and Updated*

Keywords

Glossary of terms

DAU	Day Assessment Unit	MLU	Midwife led unit
PROM	Pre labour rupture of membranes	PET	Pre-eclampsia
BGH	Bronglais General Hospital	C/M	Community Midwife
CTG	Cardiotocography	SROM	Spontaneous rupture of membranes
ANC	Ante Natal Clinic	IUGR	Intrauterine growth restriction
A&E	Accident and Emergency	SGA	Small for Gestational age
SDEC	Same day emergency care	DVT	Deep Vein Thrombosis

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## Scope

The guidance uses the term “Woman” (Pronouns she or her) to describe individuals whose sex assigned at birth was female, whether they identify as female, male or non-binary. It is important to acknowledge it is not only people who identify as women for whom it is necessary to access women’s health and reproductive services. Therefore, this should include people who do not identify themselves as women but who are pregnant or have recently given birth. Obstetric and midwifery services and delivery of care must therefore be appropriate, inclusive and sensitive to the needs of those individuals whose gender identity does not align with the sex that they were assigned at birth.

The guideline is relevant to all healthcare professionals involved in the care of women to ensure appropriate referrals, pathways and appropriate attendance at the Day Assessment Unit for further investigations.

The guideline applies to pregnant women and birthing people who require additional, non-urgent care, in the outpatient setting.

## Aim

The aim of this document is to:

- To provide a safe means of assessing maternal and fetal wellbeing in an outpatient setting.
- To avoid admission to hospital and to minimise the length of stay in hospital of women who develop a problem during their pregnancy.
- To avoid admission to hospital or to minimise the length of stay in hospital of women with a poor obstetric history e.g. previous stillbirth.
- To enable members of the Primary Health Care teams to have direct access to hospital facilities for assessing maternal and fetal wellbeing.
- To provide continuity of care and carer if more than one attendance is required

## Objectives

The aim of this document will be achieved by the following objectives:

- Providing clear guidance to each hospital site within Hywel Dda University Health Board which provides maternity care to support consistent care planning for women and birthing people which takes into consideration their individual needs, safety and care planning close to their home wherever possible.

## Referral

Referral’s should be made directly to the most appropriate ADAU locality (see the inclusion and exclusion criteria below).

Women can self-refer.

Referrals can also be made by community midwives, hospital midwives, directly from Antenatal Clinic, by GP’s and obstetricians.

If women attend without a scheduled appointment then they should be referred directly to Maternity Triage for an assessment to be undertaken in line with BSOTS (please refer to the Maternity Triage Guideline for more information)

# Day Assessment Unit Inclusion Criteria - **\*\*Bronglais General Hospital\*\***

## **Inclusion Criteria**

- Pre-operative assessment
- Assessment of suspected SROM > 37weeks gestation with singleton pregnancies
- Monitoring of PPROM > 20weeks gestation with an obstetric plan in place
- Management of hypertension with obstetric plan in place and patient is asymptomatic
- Presentation scans > 36weeks gestation
- Administration of steroids with the exception of diabetic patients
- Administration of routine anti-D prophylaxis 28-30weeks gestation
- Fetal growth assessment scans if deviation of GAP/GROW guideline
- Pruritus/suspected Intrahepatic Obstetric Cholestasis  $\geq$  20weeks gestation
- Monitoring of confirmed Intrahepatic Cholestasis of Pregnancy
- Monitoring and surveillance of known SGA/IUGR with obstetric plan in place
- Administration of Ferinject infusions
- Review of Fetal growth assessment scans
- Referrals from Antenatal clinic e.g.CTG's
- Altered Fetal Movements < 24hrs over 24weeks gestation in line with All Wales Guidelines (Exclusion criteria detailed below)
- Monitoring of post-dates induction of labour if IOL declined with clear obstetric plan in place

## **Exclusion Criteria**

Altered fetal movements, exclusion to admission:

- No fetal movements for >24hrs (Triage)
- No fetal movements felt by 24weeks gestation (Triage)
- Absent fetal heart by C/M (Triage)
- Recurrent reduced fetal movements within 24hrs (Triage)
- Recurrent reduced fetal movements with 2 or more presentations within 21days (Triage)
- Gestational diabetic on insulin (Triage GGH)
- Gestational diabetic with additional complications in pregnancy e.g. SGA/IUGR (Triage GGH)
- IUGR/SGA with altered fetal movements (Triage)
- Pregnancies with known fetal abnormalities, under care of FMU (Triage)
- PV bleeding (Triage)
- Abdominal pain (Triage)
- Suspected ectopic beats on auscultation with c/m (ANC)
- Fetal tachycardia on auscultation with c/m (Triage)
- Fetal bradycardia on auscultation with c/m (Triage)
- Decelerations on auscultation with c/m (Triage)
- Possible Pre-term labour (Triage)
- Possible labour at term (Triage/MLU/C/M)
- Monitoring and management of routine post-dates induction of labour if postponed (Triage)
- Suspected SROM < 37weeks gestation (Triage)
- Administration of anti-D for sensitising event (Triage)
- Women who require urgent medical treatment (A&E)
- Suspected DVT (Triage)
- Chest pain (A&E/SDEC)

- Unwell women (Triage)
- Mild/Moderate/severe hypertension; suspected PET with proteinuria and /or symptomatic; women on antihypertensive (Triage)

## Referrals

Telephone referrals will be accepted from:

- Community midwife
- Obstetrician
- General practitioners
- Outside Health Board where women have planned their Birth in HDdUHB
- Self – referral by woman

## Appointment System

The ADAU's operate weekdays only (except for bank holidays). They run via an appointment system to minimise waiting times and prioritise workload. The indication for referral must be clearly documented in the woman's handheld maternity notes.

### **Bronglais General Hospital (BGH)**

Opening hours 08:30 – 14:30 (last appointment for CTG monitoring is 14:00)

Telephone 01970 635637 / 01970 635633

# Day Assessment Unit Inclusion Criteria - **\*\*Glangwili General Hospital\*\***

## Inclusion Criteria

- Pre-operative assessment
- Assessment of suspected SROM > 37weeks gestation with singleton pregnancies
- Monitoring of PPROM > 20weeks gestation with an obstetric plan in place, with no additional concerns
- Management of hypertension with obstetric plan in place and patient is asymptomatic
- Presentation scans > 36weeks gestation
- Administration of steroids with the exception of diabetic patients
- Administration of routine anti-D prophylaxis 28-30weeks gestation
- Fetal growth assessment scans if deviation of GAP/GROW guideline
- Pruritus/suspected Intrahepatic Obstetric Cholestasis  $\geq$  20weeks gestation
- Monitoring of confirmed Intrahepatic Cholestasis of Pregnancy
- Monitoring and surveillance of known SGA/IUGR with obstetric plan in place
- Administration of Ferinject infusions
- Review of Fetal growth assessment scans
- Referrals from Antenatal clinic e.g.CTG's
- Altered Fetal Movements < 24hrs over 24weeks gestation in line with All Wales Guidelines (**Exclusion criteria detailed below**)
- Monitoring of post-dates induction of labour if IOL declined with clear obstetric plan in place

## Exclusion Criteria

Altered fetal movements, exclusion to admission:

- No fetal movements for >24hrs (Triage)
- No fetal movements felt by 24weeks gestation (Triage)
- Absent fetal heart by C/M (Triage)
- Recurrent reduced fetal movements within 24hrs (Triage)
- Recurrent reduced fetal movements with 2 or more presentations within 21days (Triage)
- Gestational diabetic on insulin (Triage GGH)
- Gestational diabetic with additional complications in pregnancy e.g. SGA/IUGR (Triage GGH)
- IUGR/SGA with altered fetal movements (Triage)
- Pregnancies with known fetal abnormalities, under care of FMU (Triage)
- <36/40 with a known PROM and altered fetal movements (Triage GGH)
- PV bleeding (Triage)
- Abdominal pain (Triage)
- Suspected ectopic beats on auscultation with c/m (ANC)
- Fetal tachycardia on auscultation with c/m (Triage)
- Fetal bradycardia on auscultation with c/m (Triage)
- Decelerations on auscultation with c/m (Triage)
- Possible Pre-term labour (Triage)
- Possible labour at term (Triage/MLU/C/M)
- Monitoring and management of routine post-dates induction of labour if postponed (Triage)
- Suspected SROM < 37weeks gestation (Triage)
- Administration of anti-D for sensitising event (Triage)
- Women who require urgent medical treatment (A&E)
- Suspected DVT (Triage)

- Chest pain (A&E/SDEC)
- Unwell women (Triage)
- Mild/Moderate/severe hypertension; suspected PET with proteinuria and /or symptomatic; women on antihypertensive (Triage)

## Referrals

Telephone referrals will be accepted from:

- Community midwife
- Obstetrician
- General practitioners
- Outside Health Board where women have planned their Birth in HDUHB
- Self – referral by woman

## Appointment System

The ADAU's operate weekdays only (except for bank holidays). They run via an appointment system to minimise waiting times and prioritise workload. The indication for referral must be clearly documented in the woman's handheld maternity notes.

### **Glangwili General Hospital (GGH)**

Opening hours 09:15 – 18:00 (last appointment for CTG monitoring is 17:00)

Telephone 01267 227772 / 01267 283233

# Midwifery Led Day Assessment Unit Inclusion Criteria - \*\*Withybush General Hospital\*\*

## Inclusion Criteria

- Assessment of suspected SROM > 37weeks gestation with singleton pregnancies
- Monitoring of PPROM > 20weeks gestation with an obstetric plan in place
- Management of hypertension with obstetric plan in place and patient is asymptomatic
- Review presentation scans > 36weeks gestation
- Administration of steroids with the exception of diabetic patients
- Administration of routine anti-D prophylaxis 28-30weeks gestation
- Pruritus/suspected Intrahepatic Cholestasis of Pregnancy  $\geq$  20weeks gestation
- Monitoring of confirmed Intrahepatic Cholestasis of Pregnancy
- Monitoring and surveillance of known SGA/IUGR with obstetric plan in place and normal dopplers.
- Review of Fetal growth assessment scans. Abnormal findings will require an obstetric opinion for plan of care.
- Referrals from Antenatal clinic e.g. CTG's
- Altered Fetal Movements < 24hrs over 24weeks gestation in line with All Wales Guidelines (CLC women will be seen during clinic times) (Exclusion criteria detailed below)
- Monitoring of post-dates induction of labour if IOL declined with clear obstetric plan in place

## Exclusion Criteria

Altered fetal movements, exclusion to admission:

- No fetal movements for >24hrs (Triage)
- No fetal movements felt by 24weeks gestation (Triage)
- Absent fetal heart by C/M (Triage)
- Recurrent reduced fetal movements within 24hrs (Triage)
- Recurrent reduced fetal movements with 2 or more presentations within 21days (Triage)
- Gestational diabetic on insulin (Triage)
- Gestational diabetic with additional complications in pregnancy e.g. SGA/IUGR (Triage)
- Gestation > 39 weeks (GGH DAU)
- IUGR/SGA with altered fetal movements (Triage)
- Pregnancies with known fetal abnormalities, under care of FMU (Triage)
- Twin pregnancies
- PV bleeding (Triage)
- Abdominal pain (Triage)
- Suspected ectopic beats on auscultation with CMW (ANC)
- Fetal tachycardia on auscultation with c/m (Triage)
- Fetal bradycardia on auscultation with c/m (Triage)
- Decelerations on auscultation with c/m (Triage)
- Possible Pre-term labour (Triage)
- Possible labour at term (Triage/MLU/C/M)
- Monitoring and management of routine post-dates induction of labour if postponed (Triage)
- Suspected SROM < 37weeks gestation (Triage)
- Administration of anti-D for sensitising event (Triage)
- Women who require urgent medical treatment (A&E)

- SROM >37/40 with meconium liquor
- Suspected DVT (Triage)
- Chest pain (A&E/SDEC)
- Unwell women (Triage)
- Mild/Moderate/severe hypertension; suspected PET with proteinuria and /or symptomatic; women on antihypertensive (Triage)

**Withybush General Hospital (WGH)**

Opening hours 09:00 – 17:00 (last appointment for CTG monitoring is 16:00)

Telephone 01479 773206

**Non-Attendance**

If a woman has not attended MDAU for her scheduled appointment. The ADAU Midwife should ensure a phone call takes place directly to the woman after it has been confirmed she is not already an inpatient.

Ensure the DNA / Was Not Brought policy is followed.

If there are any concerns regarding the woman's welfare then escalate to the ANC team leader or the MOC and follow the Safeguarding policy.