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ANTENATAL DAY ASSESSMENT UNIT. Referral Criteria and Pathways Guideline

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1	05/2021	Obstetric Guideline, Audit and Research Group	13/10/2020	27.3.2021	13/10/2023

Brief Summary of Document:	To appropriately refer women to the Day Assessment Unit to suitably manage the care of women needing further non-urgent investigations in pregnancy.
Scope	Healthcare professionals involved in the care of women to ensure appropriate referrals, pathways and appropriate attendance at the Day Assessment Unit for further investigations.
To be read in conjunction with:	HDdUHB GUIDELINES : Antenatal Electronic Fetal Monitoring Guideline, Intrahepatic Obstetric Cholestasis, Hypertension in Pregnancy, Management of Suspected Ectopic Beats and Fetal Heart Arrhythmias. All Wales fetal Movement Guideline
Patient Information	RCOG patient information: <ul style="list-style-type: none"> Breech baby at the end of pregnancy https://www.rcog.org.uk/en/patients/patient-leaflets/breech-baby-at-the-end-of-pregnancy/ Understanding How Risk is Discussed in Healthcare. https://www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/pi-understanding-risk.pdf Choosing to have a caesarean section https://www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/pregnancy/pi-choosing-to-have-a-c-section.pdf

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	<ul style="list-style-type: none"> • Your baby's movements in pregnancy https://www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/pregnancy/pi-your-babys-movements-in-pregnancy.pdf • Obstetric cholestasis https://www.rcog.org.uk/en/patients/patient-leaflets/obstetric-cholestasis/ • Turning a breech baby in the womb https://www.rcog.org.uk/en/patients/patient-leaflets/turning-a-breech-baby-in-the-womb/ • When your waters break prematurely https://www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/pregnancy/pi-when-your-waters-break-prematurely.pdf •
Owning group	Obstetric Guideline, Audit and Research Group

Reviews and updates		
Version no:	Summary of Amendments:	Date Approved:
1	New guideline	13/10/2020

Keywords	Day assessment unit, Triage, Antenatal clinic, fetal movements, Ultrasound scans
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Glossary of Terms	
ADAU	Antenatal Day assessment Unit
AFM	Altered Fetal Movements
ANC	Antenatal clinic
AWS	Antenatal Screening Wales
CLC	Consultant-led care
CMW	Community Midwives
CTG	Cardiotocography
ECV	External Cephalic Version
EFW	Estimated Fetal Weight
FHR	Fetal Heart Rate
HVS	High Vaginal Swab
ICP	Intrahepatic cholestasis of pregnancy
IOL	Induction of Labour
IUGR	Inter-uterine growth restriction
LSCS	Lower Segment Caesarean Section
MLC	Midwifery led care
PROM	Prolonged rupture of membranes
SCBU	Special Care Baby Unit
SROM	Spontaneous rupture of Membranes
USS	Ultrasound scan

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1. INTRODUCTION

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.

2. SCOPE

Healthcare professionals involved in the care of women to ensure appropriate referrals, pathways and appropriate attendance at the Day Assessment Unit for further investigations

3. AIMS/OBJECTIVES

- 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

4. ADAU REFERRAL CRITERIA

4.1 Referral criteria to Antenatal Day Assessment Unit

- Assessment of hypertension – B/P > 140/90mmhg < 160/100 on 2 occasions (manual reading)
- Proteinuria ≤ ++
- Pre-operative assessment
- Altered fetal movements in line with All Wales Guidelines (to be seen the same day at the earliest opportunity).
- Term SROM assessment > 37/40 gestation
- Monitoring of PROM > 20/40 gestation
- Post-dates surveillance and monitoring - 40+12 if IOL postponed, 40+13 if IOL declined
- Presentation scans > 36/40 gestation
- Administration of steroids
- Administration of routine anti-D prophylaxis 28-30wks gestation
- Administration of anti-D following sensitising event
- Fetal growth assessment scans if deviation of GAP/GROW
- Pruritus/suspected ICP ≥20/40 gestation
- Monitoring of confirmed Intrahepatic Cholestasis of Pregnancy
- Monitoring and surveillance of known small for gestational age/IUGR

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DO NOT ACCEPT

- Fetal tachycardia, fetal bradycardia,
- Decelerations
- Absent fetal heart
- Postnatal women
- Antenatal women < 20/40 gestation

5. REFERRALS

telephone referrals will be accepted from:

- Community midwife
- Obstetrician
- General practitioners
- Outside Trusts where women have planned their confinement in HDdUHB
- Self-referral by woman

6. APPOINTMENT SYSTEM

Telephone numbers

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 Hospital (GGH)

Antenatal Day Assessment Unit	01267 227772 9.15-6pm (last appointment 5.15pm)
Antenatal clinic	01267 227592
Antenatal Triage	01267 227030 (24 hours)
Labour Ward	01267227826 (24 hours)

Bronglais Hospital (BGH)

Antenatal Clinic	01970 635637 01267 227 0
ADAU	01970 635633 (24-hour service)

Withybush Hospital (WGH)

ADAU	01437 773286 9.15-5pm (last appointment 4.15pm)
Antenatal Clinic	01437 773286

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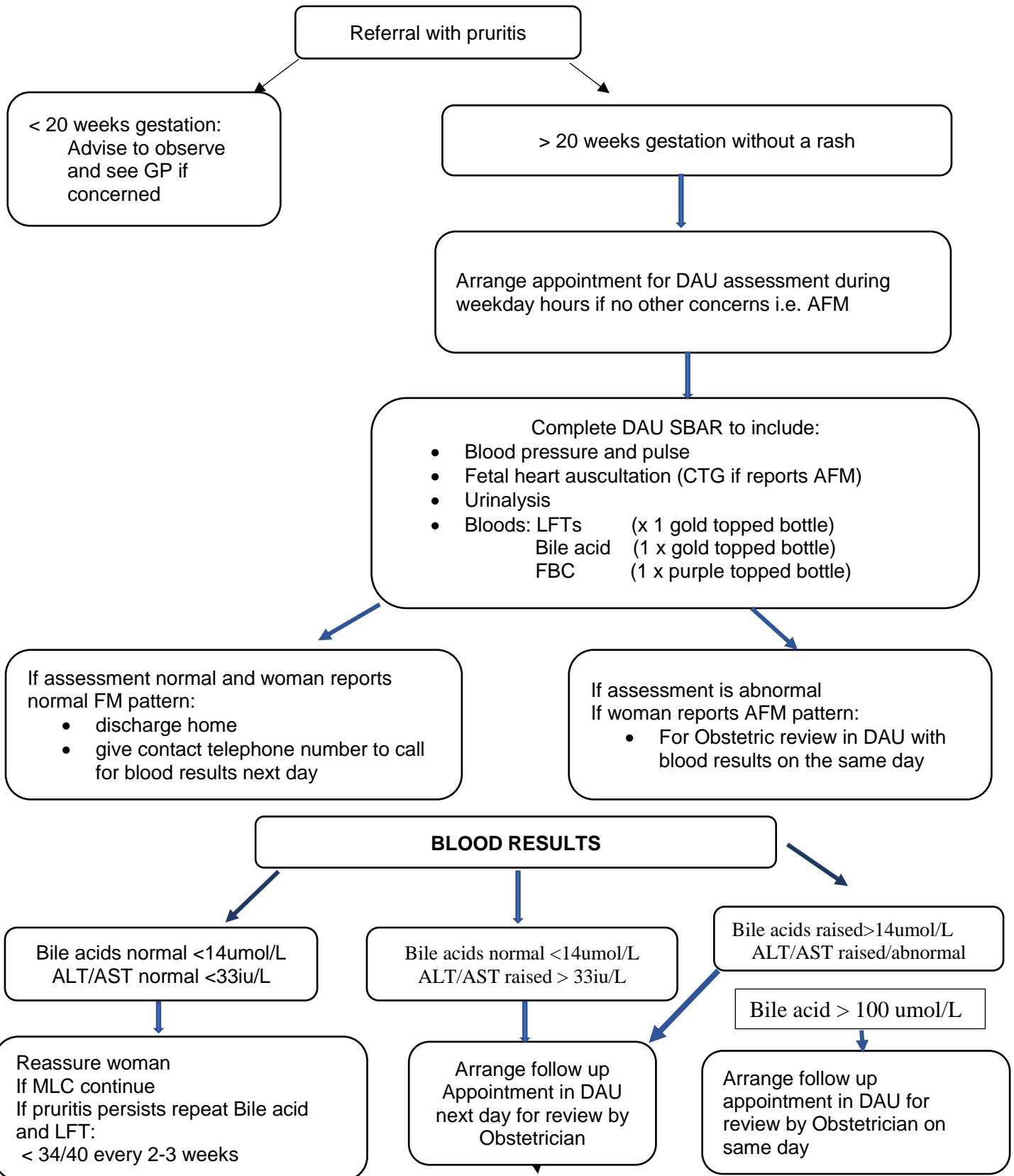
7. DAY ASSESSMENT UNIT REFERRAL CRITERIA

Criteria	Glangwili General Hospital	Withybush General Hospital	Bronglais General Hospital
First Episode of Hypertension	BP \geq 140/90mmhg, \leq 160/100 on two occasions (manual reading) proteinuria ++ in the absence of fulminating pre-eclampsia. NB if outside these criteria admit to Antenatal Ward.		
Altered Fetal Movements	\geq 28 weeks gestation. <i>(Consider CTG after 26/40 weeks gestation with additional risk factors – requires senior Obstetric decision)</i>		
	1st episode to Day Assessment Unit (DAU) for CTG & Assessment.		
	2 nd episode to Day Assessment Unit (DAU) for CTG & Assessment <i>(Arrange an Ultrasound Scan within 72 hours and refer to Consultant ANC if women Midwifery Led Care)</i>		
	Altered Fetal Movements with identified risk factors e.g. Fetal Growth Restriction Abnormal Ultrasound Scan findings Insulin Dependent Diabetic		
Rupture of Membranes	Monitoring of prolonged ruptured membranes \geq 20/40 weeks gestation.		
	Assessment of spontaneous rupture of membranes 37/40 weeks gestation.		

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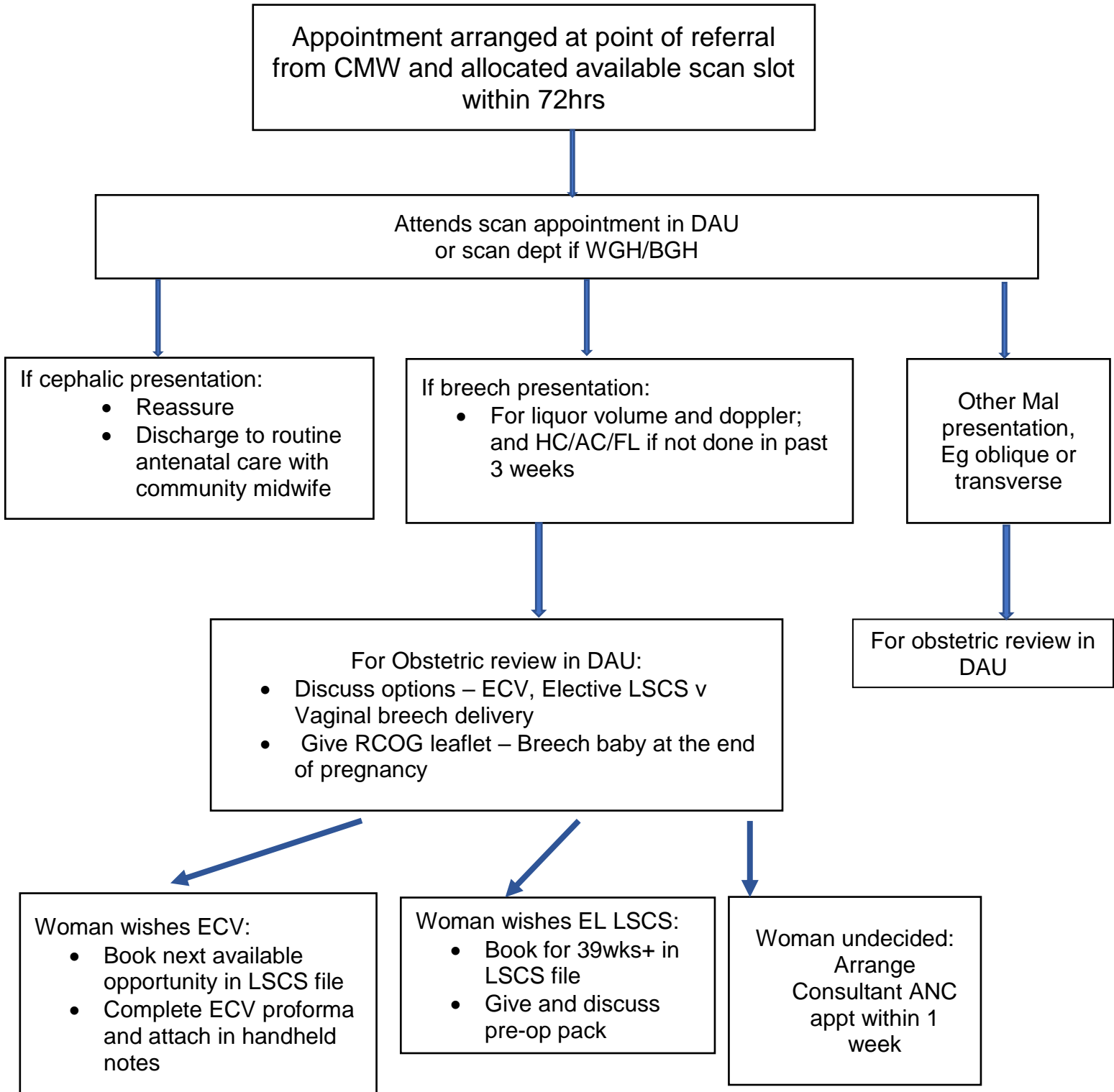
Post Dates	Monitoring and management of routine post-dates IOL 40+12 if induction of labour postponed.	√	√	√
	Monitoring and management of postdates 40+13 if induction of labour is declined by the mother. <i>(To be reviewed on a case by case basis)</i>	√	x	√
Presentation	Ultrasound Scan to confirm presentation >36/40 gestation.	√	√	√
Steroids	Administration of steroids <i>please refer to HDUHB Guideline: http://howis.wales.nhs.uk/sitesplus/documents/862/648-App3-AntenatalCorticosteriodAdminGuidance.pdf</i> NB: Insulin Dependent Diabetic Mothers require admission to the Antenatal Ward at Glangwili General Hospital.	√	√	√
Anti D	Administration of routine Anti-D Prophylaxis 28-30 weeks gestation.	√	√	√
	Administration of routine Anti D ≥20/40 weeks for suspected sensitising event that does not require admission.	√	√	√
Symphysis Fundal Height for MLC women	Deviation of GAP/GROW fundal height measurement requiring ultrasound scan as per GAP/GROW Guidance.	√	√	√
Intrahepatic Cholestasis of Pregnancy	Confirmed Intrahepatic Cholestasis of Pregnancy (ICP).	√	√	√
	Pruritus/ suspected ICP itching ≥20 weeks gestation.	√	√	√
Fetal heart	Fetal arrhythmia.	√	√	√
Pre- operative assessment	Pre-operative assessment prior to Elective LSCS	√	x	√

8. Flow chart for pruritis/ suspected intrahepatic cholestasis of pregnancy in DAU



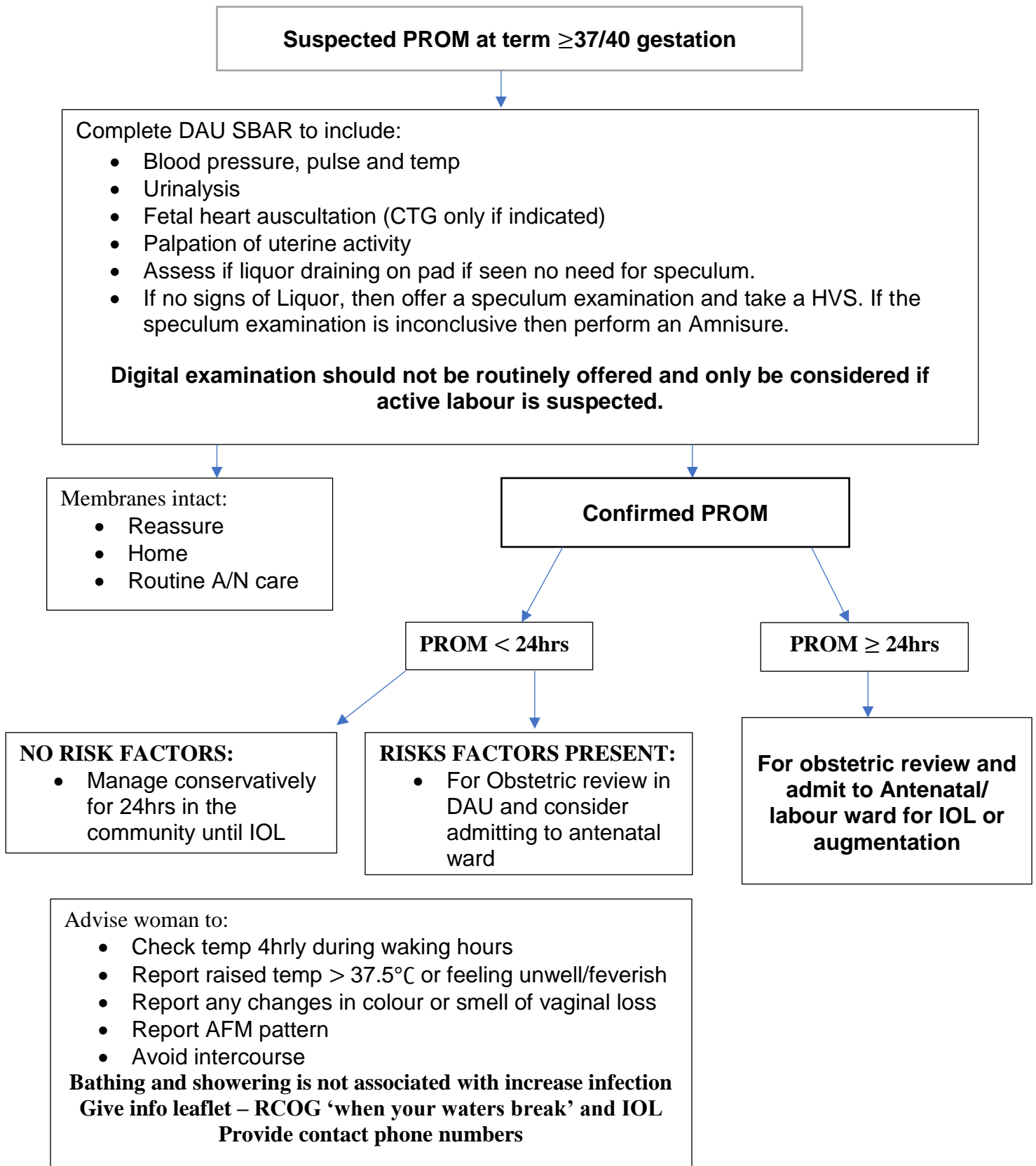
9. Flowchart for Presentation scan in DAU

Referral criteria for presentation scan: primiparous and multiparous women > 36 weeks gestation



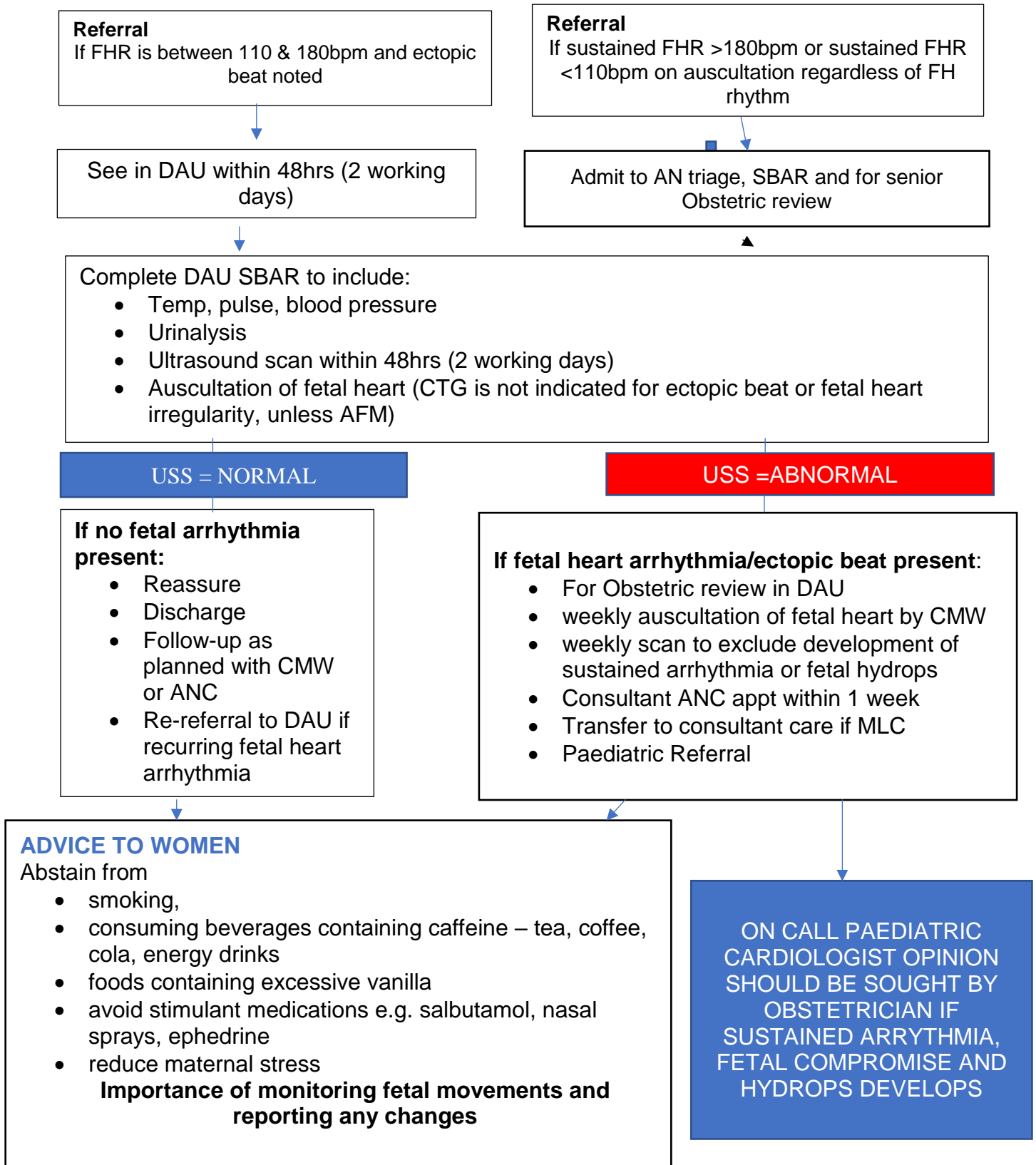
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10. Flowchart for Prelabour Rupture of the Membranes (PROM) at Term in DAU



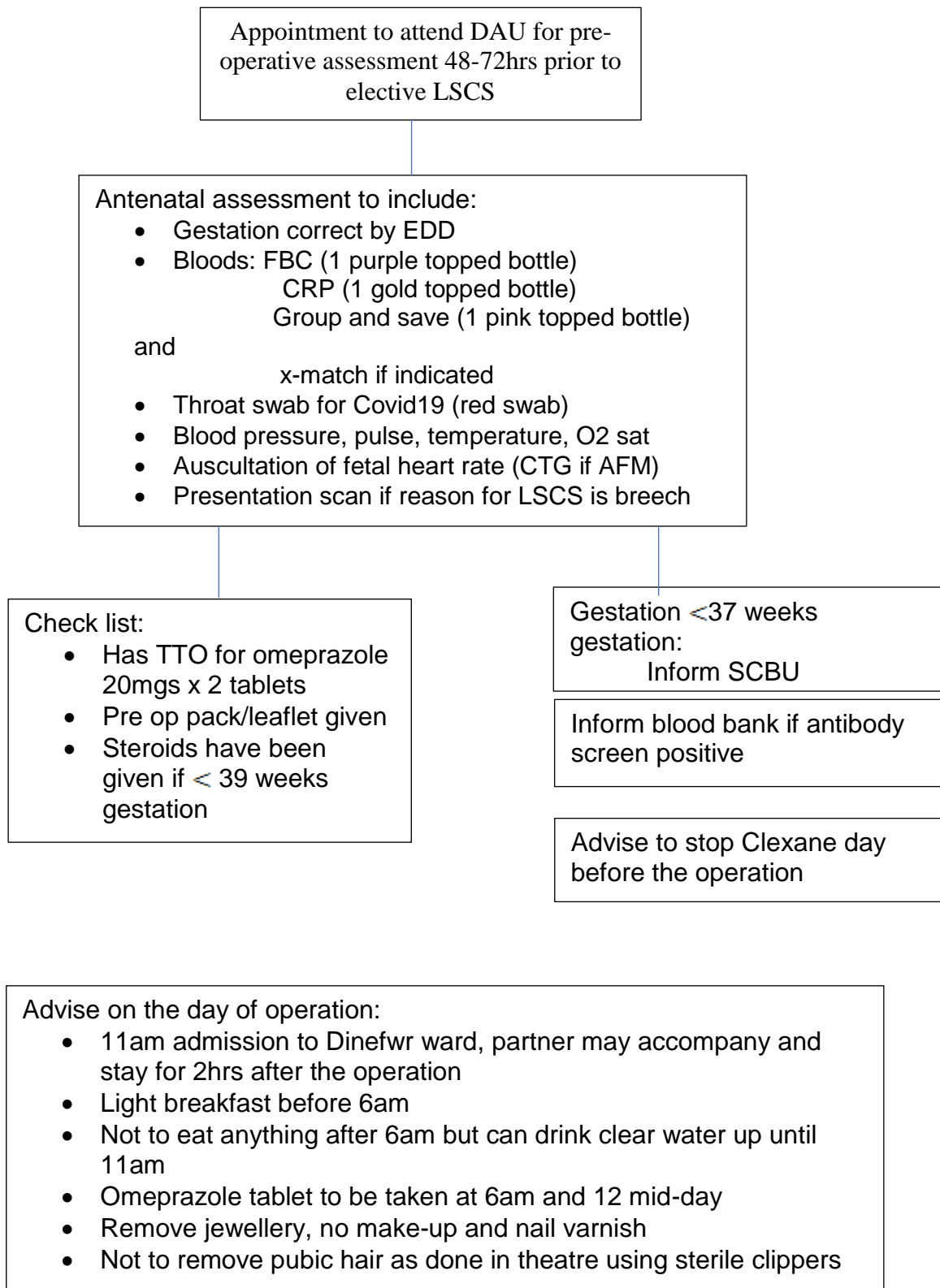
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11. Flow chart for Antenatal Management of Fetal Heart Arrhythmias detected by CMW on referral to DAU (Adapted from (Beattie, Uzun & Amin 2017)

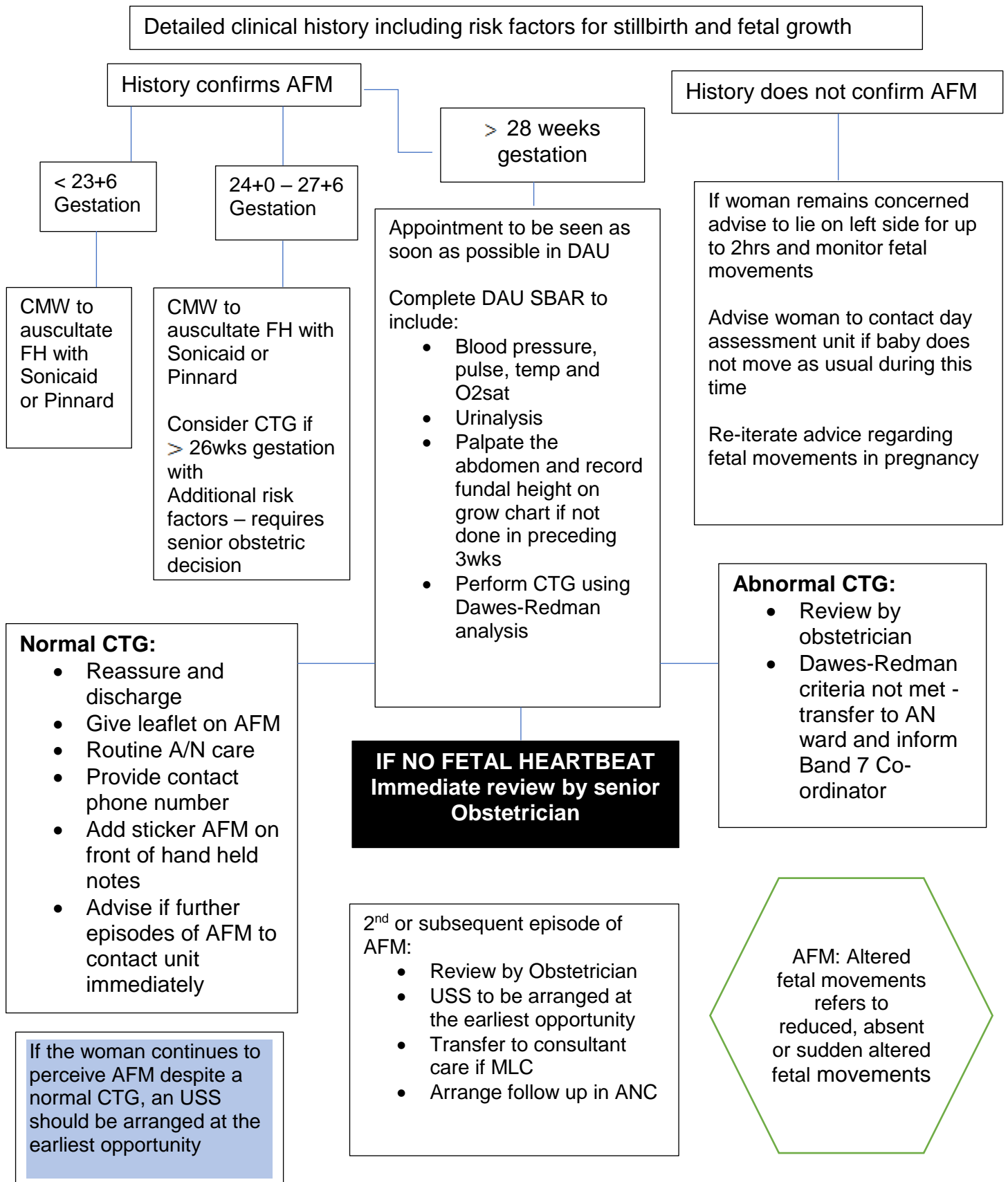


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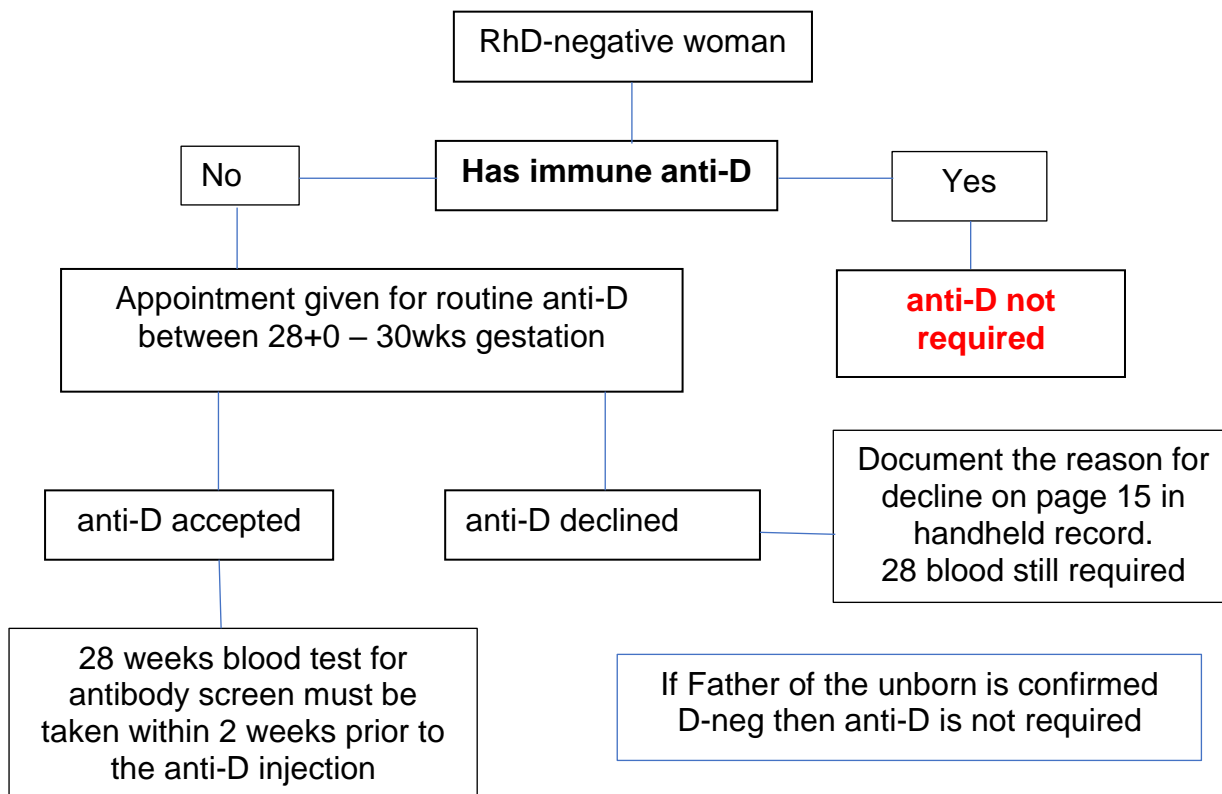
12. Flowchart for Pre-Operative Assessment prior to Elective LSCS in DAU



13. Flowchart for Management of Altered Fetal Movements in DAU



14. Flow chart for routine anti-D prophylaxis in DAU



- Check gestation correct
- Take group and screen blood test unless taken within the last 2 weeks (check blood result if taken within 2wks and document result on page 15)
- Check blood group
- Verbal consent obtained
- anti-D 1500iu to be administered IM into the deltoid muscle
- Place sticker from blood bank slip and document on page 15 in handheld notes
- Rhesus negative sticker on handheld notes
- Complete blood bank slip and return to blood bank

To remain in DAU for 15-20mins following injection
Observe for any reactions