

ANTENATAL DAY ASSESSMENT UNIT.

Referral Criteria and Pathways Guideline

Guideline Number:	977		Supersedes:	1 st edition	Classification		Clinical	
Version No:	Date of EqIA:		Approve	ed by:		Date Approved:	Date made active:	Review Date:
1	05/2021	C	bstetric Guidel Research	•	d	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	HDdUHB GUIDELINES :						
conjunction	Antenatal Electronic Fetal Monitoring Guideline,						
with:	Intrahepatic Obstetric Cholestasis,						
	Hypertension in Pregnancy,						
	Management of Suspected Ectopic Beats and Fetal Heart Arrythmias.						
	All Wales fetal Movement Guideline						
Patient	RCOG patient information:						
Information	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						

	 Your baby's movements in pregnancy https://www.rcog.org.uk/globalassets/documents/patients/patient-
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

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. AIMSOBJECTIVES

- 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 REFERAL CRITERIA

4.1 Referral criteria to Antenatal Day Assessment Unit

- Assessment of hypertension B/P > 140/90mmhg < 160/100 on 2 occasions (manual reading)
- Proteinurea ≤ ++
- 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

<u>Telephone numbers</u>

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



7. DAY ASSESMENT UNIT REFERRAL CRITERIA

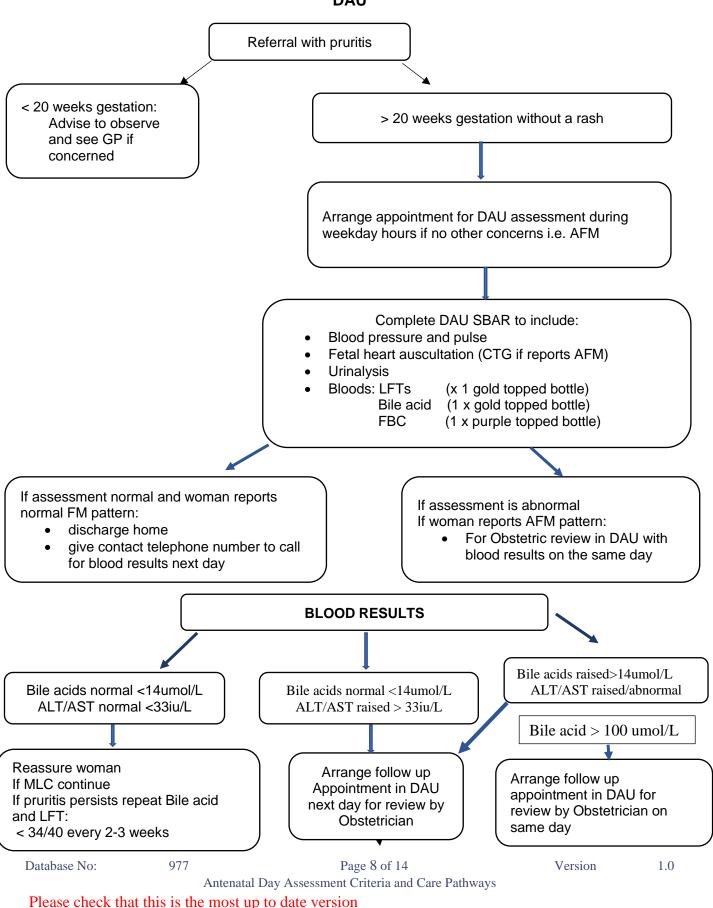
	Criteria	Glangwili General Hospital	Withybush General Hospital	Bronglais General Hospital
First Episode of Hypertension	BP ≥140/90mmhg, ≤160/100 on two occasions (manual reading) proteinuria ++ in the absence of fulminating pre-eclampsia. NB if outside these criteria admit to Antenatal Ward.	V	V	V
Altered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

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

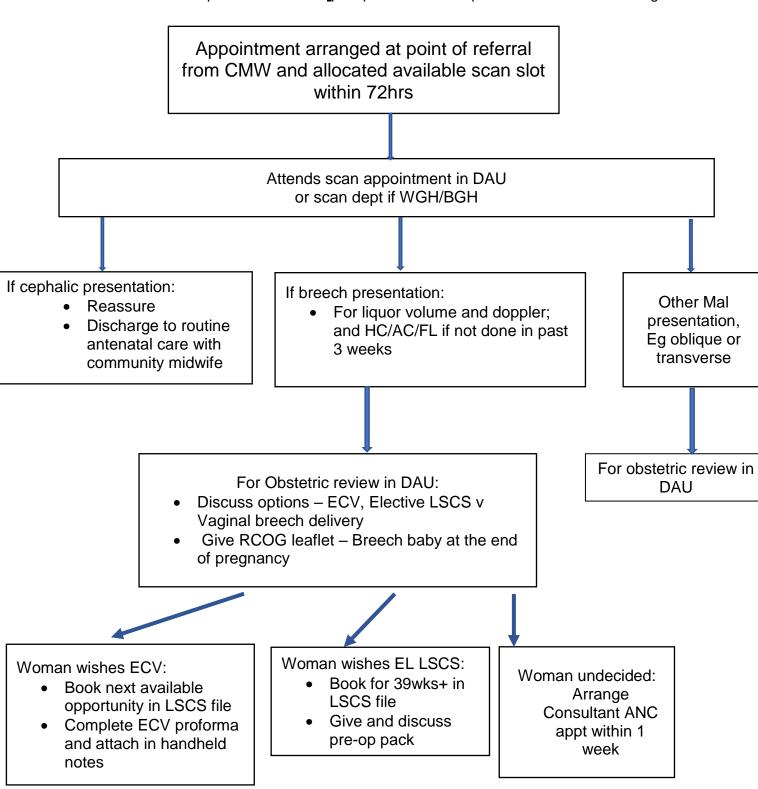
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8. Flow chart for pruritis/ suspected intrahepatic cholestasis of pregnancy in DAU



9. Flowchart for Presentation scan in DAU

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



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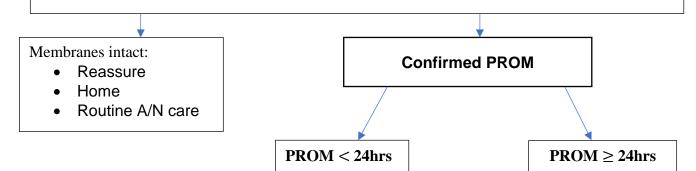
10. Flowchart for Prelabour Rupture of the Membranes (PROM) at Term in DAU

Suspected PROM at term ≥37/40 gestation

Complete DAU SBAR to include:

- Blood pressure, pulse and temp
- Urinalysis
- Fetal heart auscultation (CTG only if indicated)
- Palpation of uterine activity
- Assess if liquor draining on pad if seen no need for speculum.
- If no signs of Liquor, then offer a speculum examination and take a HVS. If the speculum examination is inconclusive then perform an Amnisure.

Digital examination should not be routinely offered and only be considered if active labour is suspected.



NO RISK FACTORS:

 Manage conservatively for 24hrs in the community until IOL

RISKS FACTORS PRESENT:

 For Obstetric review in DAU and consider admitting to antenatal ward For obstetric review and admit to Antenatal/ labour ward for IOL or augmentation

Advise woman to:

- Check temp 4hrly during waking hours
- Report raised temp > 37.5°(or feeling unwell/feverish
- Report any changes in colour or smell of vaginal loss
- Report AFM pattern
- Avoid intercourse

Bathing and showering is not associated with increase infection Give info leaflet – RCOG 'when your waters break' and IOL Provide contact phone numbers

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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)

Referral

If FHR is between 110 & 180bpm and ectopic beat noted

See in DAU within 48hrs (2 working days)

Referral

If sustained FHR >180bpm or sustained FHR <110bpm on auscultation regardless of FH rhythm

Admit to AN triage, SBAR and for senior Obstetric review

Complete DAU SBAR to include:

- Temp, pulse, blood pressure
- Urinalysis
- Ultrasound scan within 48hrs (2 working days)
- Auscultation of fetal heart (CTG is not indicated for ectopic beat or fetal heart irregularity, unless AFM)

USS = NORMAL

USS =ABNORMAL

If no fetal arrhythmia present:

- Reassure
- Discharge
- Follow-up as planned with CMW or ANC
- Re-referral to DAU if recurring fetal heart arrhythmia

If fetal heart arrhythmia/ectopic beat present:

- For Obstetric review in DAU
- weekly auscultation of fetal heart by CMW
- weekly scan to exclude development of sustained arrhythmia or fetal hydrops
- Consultant ANC appt within 1 week
- Transfer to consultant care if MLC
- Paediatric Referral

ADVICE TO WOMEN

Abstain from

- smoking,
- consuming beverages containing caffeine tea, coffee, cola, energy drinks
- foods containing excessive vanilla
- avoid stimulant medications e.g. salbutamol, nasal sprays, ephedrine
- reduce maternal stress

Importance of monitoring fetal movements and reporting any changes

ON CALL PAEDIATRIC CARDIOLOGIST OPINION SHOULD BE SOUGHT BY OBSTETRICIAN IF SUSTAINED ARRYTHMIA, FETAL COMPROMISE AND HYDROPS DEVELOPS

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

Appointment to attend DAU for preoperative assessment 48-72hrs prior to elective LSCS

Antenatal assessment to include:

- Gestation correct by EDD
- Bloods: FBC (1 purple topped bottle)
 CRP (1 gold topped bottle)
 Group and save (1 pink topped bottle)

and

x-match if indicated

- Throat swab for Covid19 (red swab)
- Blood pressure, pulse, temperature, O2 sat
- Auscultation of fetal heart rate (CTG if AFM)
- Presentation scan if reason for LSCS is breech

Check list:

- Has TTO for omeprazole 20mgs x 2 tablets
- Pre op pack/leaflet given
- Steroids have been given if < 39 weeks gestation

Gestation <37 weeks gestation:

Inform SCBU

Inform blood bank if antibody screen positive

Advise to stop Clexane day before the operation

Advise on the day of operation:

- 11am admission to Dinefwr ward, partner may accompany and stay for 2hrs after the operation
- Light breakfast before 6am
- Not to eat anything after 6am but can drink clear water up until 11am
- Omeprazole tablet to be taken at 6am and 12 mid-day
- Remove jewellery, no make-up and nail varnish
- Not to remove pubic hair as done in theatre using sterile clippers

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13. Flowchart for Management of Altered Fetal Movements in DAU

Detailed clinical history including risk factors for stillbirth and fetal growth

< 23+6 Gestation

24+0 - 27+6Gestation

CMW to auscultate FH with Sonicaid or Pinnard CMW to auscultate FH with Sonicaid or Pinnard

History confirms AFM

Consider CTG if > 26wks gestation Additional risk factors – requires senior obstetric decision

> 28 weeks gestation

Appointment to be seen as soon as possible in DAU

Complete DAU SBAR to include:

- Blood pressure. pulse, temp and O2sat
- Urinalysis
- Palpate the abdomen and record fundal height on grow chart if not done in preceding
- Perform CTG using Dawes-Redman analysis

History does not confirm AFM

If woman remains concerned advise to lie on left side for up to 2hrs and monitor fetal movements

Advise woman to contact day assessment unit if baby does not move as usual during this time

Re-iterate advice regarding fetal movements in pregnancy

Abnormal CTG:

Review by

obstetrician

Dawes-Redman

criteria not met -

ward and inform

transfer to AN

Band 7 Co-

ordinator

Normal CTG:

- Reassure and discharge
- Give leaflet on AFM
- Routine A/N care
- Provide contact phone number
- Add sticker AFM on front of hand held notes
- Advise if further episodes of AFM to contact unit immediately

If the woman continues to perceive AFM despite a normal CTG, an USS should be arranged at the earliest opportunity

IF NO FETAL HEARTBEAT

Immediate review by senior Obstetrician

2nd or subsequent episode of AFM:

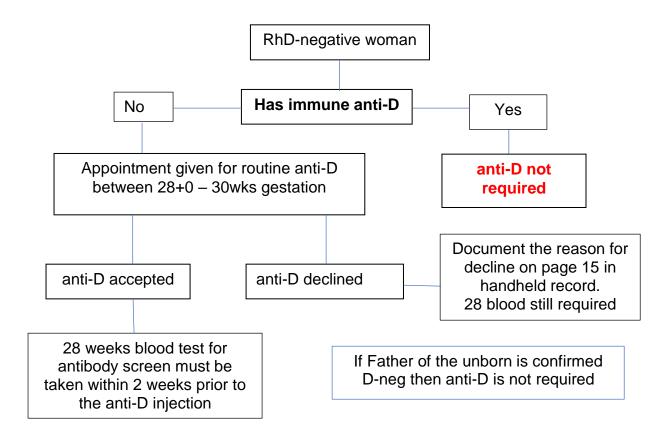
- Review by Obstetrician
- USS to be arranged at the earliest opportunity
- Transfer to consultant care if MLC
- Arrange follow up in ANC

AFM: Altered fetal movements refers to reduced, absent

or sudden altered fetal movements

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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

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