

Hywel Dda University Health Board Consultant-Led Criteria (CLC)

The following are medical conditions and situations where there is an increased risk for mother and baby.

These women will need to be booked under Consultant-Led Care and a plan of care documented at Booking.

The midwife must tick the appropriate box and insert the completed form into antenatal clinic notes.

NB: * means women are NOT suitable for delivery at Bronglais General Hospital but can receive antenatal care at BGH

MEDICAL CONDITIONS	ADDITIONAL INFORMATION	TICK
Cardiovascular	Confirmed cardiac disease – <i>assessment by Consultant for mode & place of delivery</i>	*
	Hypertensive disorders	
Respiratory	Asthma requiring oral steroids within last six months	
	Under care of respiratory physician e.g. cystic fibrosis	
Haematological	Haemoglobinopathies – sickle cell disease / Beta – thalassaemia major.	
	History of Thromboembolic disorders DVT /	
	Previous thromboembolism in patient	
	Von Willebrands disease - <i>assessment by Consultant for mode & place of delivery by 32/40</i>	*
	Atypical antibodies which carry a risk of haemolytic disease of the newborn	
	Haemoglobin ≤ than 85g/dl	
Infective	Known GBs carrier or identified in urine	
	Known Hepatitis B,C ,D etc.	
	HIV positive status - <i>Consultant to discuss with paediatricians</i>	*
	Current active chicken pox /rubella/genital herpes/toxoplasmosis/parvo virus – <i>Consultant to discuss with paediatricians</i>	*
	Tuberculosis under treatment	
Immune	Systemic Lupus erythematosus - <i>assessment by Consultant for mode & place of delivery</i>	
	Rheumatoid/ inflammatory conditions	
	Scleroderma	
Endocrine	Hyperthyroidism / Hypothyroidism	
	Type 1 diabetes – <i>to be booked at GGH</i>	
	Type 2 diabetes on insulin at booking/ in pregnancy - <i>transfer care to GGH by 32/40</i>	*
	Previous history of Gestational Diabetes/ Diabetes in first degree relative	
Renal	Renal disease requiring care by a renal specialist - <i>assessment by Consultant for mode & place of delivery by 32/40</i>	*
	Bladder surgery / injury	
Neurological	Epilepsy	
	Myasthenia gravis	
	Multiple sclerosis	
	Previous CVA/ TIA	
Skeletal	History of spinal surgery / pelvic fracture resulting in paraplegia	
Gastrointestinal	Liver disease/ Hepatitis - <i>assessment by Consultant for mode & place of delivery by 32/40</i>	*

	Bariatric surgery	
	Inflammatory bowel disease /ulcerative colitis / crohns	
Psychiatric	Psychiatric disorder requiring inpatient care	
	Bipolar disease	
	Previous post -partum psychosis/ depression requiring treatment	
Ophthalmology	Eye abnormality under care of ophthalmologist e.g. detached retina	
	Glaucoma	
Previous pregnancy complications	Pre-eclampsia or PET/ Eclampsia in first degree relative	
	Previous preterm delivery	
	Placental abruption with adverse outcomes	
	Eclampsia/ HELLP syndrome	
	Late miscarriage	
	Recurrent miscarriage > 3 consecutive pregnancies	
	Uterine rupture	
	Primary postpartum haemorrhage requiring blood transfusions	
	Caesarean section	
	Shoulder dystocia	
	Extensive vaginal tear / cervical tear. 3 rd or 4 th degree tear	
	Previous IUGR with birth weight less than 2500grms at term or BWC < 10 th centile	
	Previous baby weight >4500grms	
	Previous baby with significant neonatal complications / encephalopathy	
	Previous baby requiring an exchange blood transfusion	
Current pregnancy	Age over 40 at booking	
	Known multiple pregnancy: <ul style="list-style-type: none"> • MCMA – <i>transfer care to GGH by 28/40</i> • MCDA – <i>transfer care to GGH by 32/40</i> • DCDA - <i>transfer care to GGH by 32/40</i> • Triplets – <i>transfer to tertiary unit from viability</i> 	*
	Confirmed/ suspected placenta accreta – <i>MDT discussion. Transfer care to GGH</i>	
	Pregnancy resulting from assisted reproduction e.g. IVF (not Clomid)	
	Age under 16 at booking	
	BMI <18 or >35 at Booking - <i>assessment by Consultant for mode & place of delivery</i> BMI >45 at Booking - <i>assessment by Consultant for place of delivery</i>	*
	Para 5 or more	
	Smoker >10 cigarettes per day	
	Alcohol consumption > 14 units per week	
	Recreational drug use/ known drug abuse	
	Previous Anaesthetic complication	
	Late booker >20 weeks gestation	
	Suspected IUGR OR EFW ≤1.5kg at 36/40 – <i>consider delivery at GGH</i>	*
Previous Gynaecological history	Major Gynaecology surgery/myomectomy/hysterotomy	
	Known fibroids	
	Surgery to cervix e.g. ≥ 2 LLETZ or Cone biopsy	
	Female Genital Mutilation	

This list is not exhaustive and if the midwife has any concerns regarding a condition that is not mentioned above this should be discussed with the consultant obstetrician.

