

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 – assessment by Consultant for mode & place of delivery	*
	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	
	Van Willelmande diesese	*
	Von Willebrands disease - assessment by Consultant for mode & place of delivery by 32/40	
	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 - Consultant to discuss with paediatricians	*
	Current active chicken pox /rubella/genital herpes/toxoplasmosis/parvo virus –	*
	Consultant to discuss with paediatricians	
	Tuberculosis under treatment	
Immune	Systemic Lupus erythematosus - assessment by Consultant for mode & place of delivery	
	Rheumatoid/ inflammatory conditions	
	Scleroderma	
Endocrine	Hyperthyroidism / Hypothyroidism	
	Type 1 diabetes – to be booked at GGH	
	Type 2 diabetes on insulin at booking/ in pregnancy - transfer care to GGH by 32/40	*
	Previous history of Gestational Diabetes/ Diabetes in first degree relative	
Renal	Renal disease requiring care by a renal specialist - assessment by Consultant for mode & place of delivery by 32/40	*
	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 - assessment by Consultant for mode & place of delivery by 32/40	*

Inflammatory bowel disease /ulcerative colitis / crohns Psychiatric Bipolar disease Previous post -partum psychosis/ depression requiring treatment Ophthalmology Eye abnormality under care of ophthalmologist e.g. detached retina Glaucoma Previous pregnancy complications Previous pretament Perevious pretament Previous pretament Previous pretament Previous pretament Previous pretament Previous pretament Echampsia/ HELIP 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 IUR with birth weight less that 2500grms at term or BWC < 10 th centile Previous baby weight >4500grms Previous baby with significant neonatal complications / encephalopathy Previous baby with significant neonatal complications / encephalopathy Previous baby requiring an exchange blood transfusion Current pregnancy MCOA - transfer care to 66th by 32/40 MCDA - transfer care to		Bariatric surgery	
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Known fibroids Surgery to cervix e.g. ≥ 2 LLETZ Or Cone biopsy	Gynaecological		
Surgery to cervix e.g. ≥ 2 LLETZ Or Cone biopsy	history		
		Known fibroids	
Female Genital Mutilation			
		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.