

# **Booking for Obstetric Led Care**

## **Swansea Bay UHB**

Document Author: Dr Louise-Emma Shaw, Miss Manju Nair, Miss Mona El-Telatini,  
Miss Madhu Dey

Approved by: Antenatal Forum

Approval Date: July 2023

Review Date: July 2026

Document No: 1

**This guideline is to supplement the All Wales Midwifery Led Care Guidelines, in relation to which women need Obstetric input during their pregnancy. To enable consistency in care this guideline outlines the recommendations for arranging a first appointment with the Obstetric Team, and therefore only addresses pre-existing conditions / situations only. Where new issues arise during pregnancy, women should be seen following identification of the issue for Obstetric input.**

### **Women to be seen as soon as possible**

- Women with coagulation or clotting disorders (Combined Obs haematology clinic)
- Women with haemoglobinopathy (not heterozygous) (Combined Obs Haematology Clinic)
- Women with a previous venous thromboembolism (Combined Obs Haematology Clinic)
- Women with diabetes mellitus (Combined Obs diabetes Clinic)
- Women with a booking BMI 50 or more (BMI Clinic)
- Women with a VTE score of 4 or more (General ANC unless other criteria e.g. previous VTE)

### **Women to be seen around dating USS**

- Women with Cardiac disease (Medical disorders Clinic)
- Women using substances (Substance misuse Clinic)
- Women with Epilepsy (If seizures within 3 years the combined obs Epilepsy clinic, if no seizures refer to Epilepsy clinic to see if referral required)
- Women with essential hypertension (Medical disorders clinic)
- Women with malignant disease (Medical disorders clinic)
- Women with Renal disease (exc rec UTI) (Medical disorders clinic)
- Women with severe asthma or using oral steroids (not inhaled steroids) (Medical disorders clinic)
- Women with cystic fibrosis (Medical disorders clinic)
- Women with Autoimmune disorders (SLE, Lupus) (Medical disorders clinic)
- Women with hyperthyroidism or hypothyroidism following treatment for hyperthyroidism (Medical disorders clinic)
- Women with hypothyroidism (Medical disorders clinic)
- Women on oral steroids for any reason (Medical disorders clinic)
- Women with connective tissue disorders (Medical disorders clinic)
- Women with Multiple sclerosis (Medical disorders clinic)

**Women to be seen around dating USS contd.**

- Women with a previous Stroke / Transient Ischaemic Attack (TIA) (Medical disorders clinic)
- Women with liver disease excluding Obstetric cholestasis / Gallstones (Medical disorders clinic)
- Women with Severe /Active Cohn's / Ulcerative Colitis (Medical disorders clinic)
- Women with previous second trimester miscarriage (General clinic)
- Women with previous third trimester stillbirth or early neonatal death (General clinic)
- Women with previous preterm labour less than 34/40 (General clinic)
- Women with previous Cone biopsy / LLETZ (General Clinic)
- Women with severe mental health disorders (Mental health disorders clinic)
- Women with a booking BMI 40 – 49.9 (BMI clinic)
- Women with current eating disorders (Mental health clinic)
- Women expecting DCDA Twins (General ANC at 16/40)

**Women to be seen between dating scan and Anomaly scan**

- Women with Immune thrombocytopenia (ITP) (Combined Obs Haematology clinic)
- Women with Hepatitis B or C (Medical disorders clinic)
- Women with HIV / Syphilis (excluding low risk women with previously treated syphilis)(Medical disorders clinic)
- Women with active TB (Medical disorders clinic)
- Women with recurrent miscarriage (3 or more consecutive miscarriages)(General clinic)
- Women with previous neonatal encephalopathy (General clinic)
- Women with FGM (FGM clinic with interpreter if needed)

### **Women to be seen between Anomaly and 24/40 gestation**

- Women refusing blood products (General clinic)
- Women with a previous molar pregnancy (General clinic)
- Women with well controlled Cohn's / Ulcerative Colitis (General clinic)
- Women with previous pre-eclampsia / HELLP / Eclampsia (General clinic)
- Women with previous placental abruption (General clinic)
- Women with previous uterine perforation / uterine rupture / Myomectomy (General clinic)
- Women with previous Caesarean Section (General clinic)
- Women with previous PPH >1 litre (General clinic)
- Women with previous retained placenta (General clinic)
- Women with previous Shoulder dystocia (General clinic)
- Women with previous cervical tear (General clinic)
- Women with previous 3rd / 4th degree tear (General clinic)
- Women with previous fractured pelvis (General clinic)
- Women with spinal problems (General clinic)
- Women with a baby previously affected by GBS (General clinic)

**Other situations (Clinic midwives to book 28/40 scan where needed when reviewing dating scan)**

- Women aged 40 + at booking (General clinic at 28/40 with growth scan)
- Women with fibroids 5cm+ (General clinic 28/40 with growth scan)
- Women with a VTE score 3 (General clinic)
- Women with blood antibodies not associated with haemolytic disease of the newborn (General clinic between 28 and 32/40)
- Women with a low lying placenta (General clinic 32/40 unless previous LSCS when should be seen 20-24/40)
- Women with HSV (primary episode in pregnancy or recurrent episode after 36 weeks)(General clinic 34-36/40)
- Para 5 or more
- Women with BMI 35-39.9 – midwife sonographer clinic
- Women with previous SGA – midwife sonographer clinic
- Women with low Papp A – midwife sonographer clinic
- Women who smoke – midwife sonographer clinic
- Women with any combined: BMI 35-39/Previous SGA/Smoker (General clinic 28/40 with growth scan)

### **Women who do not require referral for OLC:**

- IVF pregnancy
- Women with endometriosis
- Women with fibroids smaller than 5cm
- EFW on USS less than 97<sup>th</sup> centile
- Women with BMI < 18
- Women who had a PPH on the last birth 500-999mls unless linked to atony or the women exhibited signs of hypovolaemic shock.
- Women with recurrent HSV prescribed antiretrovirals from 36/40 by GP, with no active lesion >36 weeks
- Women with previous baby > 4.5kg with uneventful birth and normal GTT.
- Women with previous GBS carriage - offer Rectovaginal swab at 36 weeks
- Women taking SSRI's with stable mental health - Complete postnatal care plan for neonatal observation (Psychotropic drug guideline).
- Women scoring 2 On VTE assessment - arrange prescription for postnatal thromboprophylaxis by 36/40 where accepted

## Maternity Services

Checklist for Clinical Guidelines being submitted for Approval

Title of Guideline:	Booking for Obstetric Led Care, Singleton Hospital
Name(s) of Author:	Dr Louise-Emma Shaw, Miss Manju Nair, Miss Mona El-Telatini, Miss Madhu Dey
Chair of Group or Committee supporting submission:	Antenatal Forum
Issue / Version No:	1
Next Review / Guideline Expiry:	July 2026
Details of persons included in consultation process:	All midwives and obstetric consultations
Name of Pharmacist (mandatory if drugs involved):	n/a
Please list any policies/guidelines this document will supercede:	n/a
Keywords linked to document:	Obstetric led care
File Name: Used to locate where file is stores on hard drive	WISDOM