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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

Standard Operating Procedure for Midwife- led serial scan surveillance (MSSS)

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| Speciality: | Maternity |
| Approval body: | Antenatal Forum |
| Approval date: | August 2018 |
| Partial update: | November 2020 |
| Date of Review: | August 2021 |
| Authors: | Antenatal Forum |



Midwife- led serial scan surveillance (MSSS)

| Early pregnancy risk assessment | comments |
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| <p>To identify a woman at home booking/dating scan who has one of the following risk factors for SGA (in the absence of any other risk factor that would necessitate CLC):</p> <ol style="list-style-type: none"> 1. BMI 35-39.9 2. Smoker ≥ 11 a day 3. SGA baby in pregnancy immediately prior to current pregnancy. | <p>Women who have no identified pregnancy issues other than one of the risk factors identified can be offered MSSS.</p> <p>Women with more than one risk factor in line with current CLC risk assessment must be referred for Obstetric Consultant led care (CLC)</p> <p>ANC to produce individualised growth chart with EFW gridlines (not SFH)</p> |
| 16 week appointment: | |
| <p>CMW and woman to have discussion to plan appointment schedule for hospital and community care- incorporating hospital USS appointments.</p> <p>Ensure 25 week appointment for nulliparous women</p> <p>Ensure 28 week USS appointment has been arranged</p> | <p>Plan to be shared with Hospital ANC midwife.</p> <p>ANC/ADAU should strive to provide continuity of carer for women attending the MSSS</p> |
| If secondary risk factor develops prior to 28 weeks, referral to consultant led care should be made | |
| <p>28 week appointment with the ANC/ADAU midwife;</p> <p>USS completed</p> <p>All care provided in line with NICE 2014- 28 week appointment.</p> <p>Ensure woman has 31 or 34 week appointment arranged with CMW</p> | <p>USS within normal parameters for growth, liquor and doppler. Make appointment for 32 weeks gestation</p> <p>USS not within normal parameters for growth liquor, Doppler. Co-incident finding on USS. Refer to Antenatal Day Assessment Unit (ADAU) for obstetric review. EXIT pathway refer for CLC *Where growth appears to be tailing and liquor volume, Doppler and fetal movements are all normal referral should be made to the ADAU or ANC within 72 hours.</p> <p>Subsequent pregnancy risk factor identified. Refer to Consultant led care. EXIT pathway</p> |
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| Appointment | comments |
|---|---|
| <p>32 week appointment with the ANC/ADAU midwife;</p> <p>USS completed and reviewed</p> <p>Ensure woman has 34 week appointment arranged with CMW</p> | <p>USS within normal parameters for growth, liquor, Doppler. Make appointment for 36 weeks gestation</p> <p>USS not within normal parameters for growth liquor, Doppler. Co-incidental finding on USS. Refer to ADAU for obstetric review. EXIT pathway refer for CLC</p> <p>*Where growth appears to be tailing and liquor volume, Doppler and fetal movements are all normal referral should be made to the ADAU or ANC within 72 hours.</p> <p>Subsequent pregnancy risk factor identified. Refer to Consultant led care. EXIT pathway</p> |
| <p>36 week appointment with the ANC/ADAU midwife;</p> <p>USS completed and reviewed</p> <p>All care provided in line with NICE 2014- 36 week appointment.</p> <p>Ensure woman has had a birth plan visit with CMW.</p> <p>Make recommendation around place of birth based on clinical information.</p> | <p>USS within normal parameters-growth, liquor, Doppler. Make appointment for 39 weeks gestation</p> <p>USS not within normal parameters for growth liquor, Doppler. Co-incidental finding on USS. Refer to ADAU. EXIT pathway refer for CLC.</p> <p>*Where growth appears to be tailing and liquor volume, Doppler and fetal movements are all normal referral should be made to the ADAU or ANC within 72 hours.</p> <p>Subsequent pregnancy risk factor identified. Refer to Consultant led care. EXIT pathway</p> |
| <p>39 week appointment with the ANC/ADAU midwife;</p> <p>USS completed and reviewed</p> <p>Review of birth plan made with CMW make relevant recommendations around changes in plan where concerns are identified.</p> <p>Ensure woman has appointment for Stretch and sweep and post-dates review with CMW</p> | <p>USS within normal parameters-growth, liquor, Doppler.</p> <p>USS not within normal parameters for growth liquor, Doppler. Co-incidental finding on USS. Refer to ADAU for obstetric review. EXIT pathway and refer for CLC. Revise birth plan.</p> <p>*Where growth appears to be tailing and liquor volume, Doppler and fetal movements are all normal, referral should be made to the ADAU or ANC within 72 hours.</p> <p>Subsequent pregnancy risk factor identified. Refer to Consultant led care. EXIT pathway</p> |
| <p>Once the pathway is exited it must <u>not</u> be recommenced. Women will remain under Consultant led care even where further scans are normal.</p> | |



Maternity Services

Checklist for Clinical Guidelines being Submitted for Approval

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| Title of Guideline: | Midwife- led serial scan surveillance (MSSS) |
| Name(s) of Author: | Antenatal Forum |
| Chair of Group or Committee approving submission: | Antenatal Forum |
| Brief outline giving reasons for document being submitted for ratification | To provide a scheme of work for midwives |
| Details of persons included in consultation process: | Antenatal Forum Members |
| Name of Pharmacist (mandatory if drugs involved): | N/A |
| Issue / Version No: | 02 |
| Please list any policies/guidelines this document will supercede: | N/A |
| Date approved by Group: | |
| Next Review / Guideline Expiry: | August 2023 |
| Please indicate key words you wish to be linked to document | Midwifery-led Serial Scan Surveillance, MSSS, Serial scans, USS. |
| File Name: Used to locate where file is stores on hard drive | WISDOM/Z Dive Maternity. |