CLINICAL GUIDELINE

Place of Birth recommendations, Greater Glasgow & Clyde

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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Important Note:

The Intranet version of this document is the only version that is maintained.
Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

PLACE OF BIRTH RECOMMENDATIONS GREATER GLASGOW & CLYDE MATERNITY SERVICES

"Each NHS Board should ensure that they are able to provide the full range of choice of place of birth within their region. National, standardised core information should be made available on the range of safe birth setting to support women's choice" (The best start: Five year plan for maternity and neonatal care, 2017).

Women may choose any birth setting and health care professionals have a responsibility to support women in their choice of setting wherever they choose to give birth.

Midwifery led unit (freestanding or alongside) are particularly suitable for low risk women as the rate of interventions is lower and the outcome for the baby is no different compared with an obstetric unit.

For low risk women, planning birth in an obstetric unit is associated with a higher rate of interventions such as instrumental vaginal birth, caesarean birth and episiotomy compared with planning birth in a midwifery led setting

This document aims to support women to make safe choices and to provide staff with a tool to assist in birth place planning.

All low risk women from 37+0 to 42 weeks are suitable to birth in the AMU's in Glasgow and the CMUs in Clyde. Women should be risk assessed at each contact to ensure they remain on the correct pathway and to discuss recommendations for birthing in the AMU or CMU. Some women who have risk factors are recommended to birth in the AMU or CMU following a discussion with an Obstetric Consultant. This conversation should take place before 37 weeks, at the point of discussing birth plan and should be clearly documented under management plan on Badgernet. There are some differences for AMU, in unit CMU and outlying CMUs which are detailed within this document.

PLACE OF BIRTH RECOMMENDATIONS GREATER GLASGOW & CLYDE MATERNITY SERVICES

SUITABLE FOR BIRTH IN AMU and CMU'S FOLLOWING DISCUSSION

Maternal medical disorders	Indicating individual assessment	Glasgow AMU	RAH CMU	VOL & IRH CMU
Cardiovascular	• Cardiac disorders without intrapartum complications	✓	✓	✓
Haematological	• Sickle cell trait – baby unaffected • Thalassaemia trait – baby unaffected	✓	✓	✓
	• Von Willebrand's disease • Atypical antibodies which carry a risk of haemolytic disease of the newborn	✓	✓	✗
Endocrine	• Well controlled hypothyroid disease	✓	✓	✓
	• Hyperthyroidism	✓	✓	✗
Infective	• Hepatitis B and C with no liver disease (includes positive partner) • Risk factors associated with GBS whereby antibiotics in labour would be recommended • HIV with viral load< 50	✓	✓	✗
Immune	• Non-specific connective tissue disorders	✓	✓	✓
	• Previous anaphylaxis with epi-pen	✓	✓	✗
Renal	• Renal disorders without abnormal renal function	✓	✓	✓
Neurological	• Spinal abnormalities – no mobility limitations	✓	✓	✓
	• Previous fractured pelvis – no mobility limitations	✓	✓	✓
	• Neurological deficits - excluding migraine	✓	✓	✓
Gastrointestinal	• Liver disease without abnormal liver function	✓	✓	✓
	• Crohn's disease (quiescent) • Ulcerative colitis (quiescent)	✓	✓	✓
Psychiatric	• Outpatient treatment with appropriate medication	✓	✓	✗
Gynaecological	• Gynaecological surgery • Cone biopsy • LLETZ more than 1 • Fibroids < 4cm	✓	✓	✓

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Previous Pregnancy Risk Factors	Glasgow AMU	RAH CMU	VOL & IRH CMU
Stillbirth/neonatal death with a known non-recurrent cause	✓	✓	✓
Baby with birthweight >97th centile with evidence of normal growth this pregnancy	✓	✓	✓
Small for gestational age with evidence of normal growth this pregnancy	✓	✓	✓
Fetal growth restriction - as defined in the FGR guideline	✓	✓	✓
Term baby with jaundice requiring exchange transfusion	✓	✓	✘
Hypertensive disease	✓	✓	✓
Gestational diabetes	✓	✓	✓
Retained placenta requiring manual removal in theatre	✓	✓	✘
Current Pregnancy Risk Factors	**Glasgow AMU**	**RAH CMU**	**VOL & IRH CMU**
Antepartum bleeding of unknown origin (single episode after 24 weeks)	✓	✓	✓
Current BMI 35-40 kg/m2 with good mobility and ability to auscultate fetal heart	✓	✓	✓
Antenatal blood pressure of 140mmHG systolic or 90mmHg diastolic or more on 2 occasions not requiring treatment and with normal BP bloods	✓	✓	✓
Age <16 and >40 years at booking	✓	✓	✓
PAPP-A <0.42MoM (<5th centile) with normal growth Ultrasound within last 4 weeks	✓	✓	✓
Echogenic bowel	✓	✓	✓
Reduced fetal movements >2 occasions (<37weeks)	✓	✓	✓
IVF/ICSI pregnancy in spontaneous labour	✓	✓	✓
Women who have had one episode of reduced fetal movement after 37+0 weeks and are reassured	✓	✓	✓
Women with one episode of reduced fetal movement after 37+0 weeks who are reassured but booked for IOL and labour spontaneously before their induction date	✓	✓	✓
Prolonged rupture of membranes > 24 hours and < 48 hours before the onset of established labour	✓	✓	✘
Induction of labour for post dates (≤ 42 weeks) or for maternal request with ≤ 2 prostins or double balloon catheter if labours spontaneously (Women having prostin should have 20 minutes admission CTG prior to intermittent auscultation)	✓	✓	✘
Mulitparity gravide ≥ 5 or para 4	✓	✘	✘
Women with risk factors wishing care out with recommended pathway	✓	✓	✘
Women who decline blood products	✓	✘	✘

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NOT SUITABLE FOR AMU or CMU's BUT CAN HAVE INTERMITTENT AUSCULTATION ON LABOUR WARD

Previous Pregnancy
• Shoulder Dystocia
• PPH requiring significant additional treatment or blood transfusion

Current Pregnancy
• Growth > 97th in spontaneous labour
• Anaemia –haemoglobin less than 90g/l at onset of labour
• Syphilis that has been treated in this pregnancy

NOT SUITABLE FOR AMU or CMU's AND FOR ECM IN LABOUR

Maternal Medical Disorders	**Indicating planned birth in an obstetric unit**
Cardiovascular	• Confirmed cardiac disease with intrapartum complications • Hypertensive disorders
Respiratory	• Asthma requiring an increase in treatment or hospital treatment • Cystic fibrosis
Haematological	• Haemoglobinopathies (e.g sickle cell disease, beta-thalassaemia, history of thromboembolic disorders) • Immune thrombocytopenia purpura or other platelet disorders or platelet count below 100 x10/litre • Bleeding disorder in the woman or unborn baby
Endocrine	• Diabetes • Hyperthyroidism with detectable TRAB
Infective	• HIV positive with viral load > 50 • Untreated Syphillis this pregnancy • Hep B/C surface antigens with abnormal liver function • Toxoplasmosis – woman receiving treatment • Current active infection of chicken pox/rubella/genital herpes • Tuberculosis under treatment
Immune	• Systemic lupus erythematosus • Scleroderma
Renal	• Abnormal renal function • Renal disease requiring supervision by a renal specialist
Neurological	• Epilepsy • Myasthenia gravis • Previous cerebrovascular accident
Gastrointestinal	• Liver disease associated with current abnormal liver function tests
Psychiatric	• Psychiatric disorder requiring current inpatient care

PLACE OF BIRTH RECOMMENDATIONS GREATER GLASGOW & CLYDE MATERNITY SERVICES

Gynaecological	• Myomectomy • Hysterotomy

Previous Pregnancy Risk Factors

- Unexplained stillbirth/neonatal death or previous death related to intrapartum difficulty
- Previous baby with encephalopathy
- Placental abruption
- Eclampsia

Current Pregnancy Risk Factors

- Multiple birth
- Placenta praevia
- Any signs of current infection or sepsis
- Pre-eclampsia or pregnancy induced hypertension on medication
- Pre-term labour or pre-term rupture of membranes
- Prolonged pregnancy >42 weeks
- Placental abruption
- Anaemia – haemoglobin less than 90g/litre at onset of labour
- Confirmed intra-uterine death
- Substance misuse in this pregnancy
- Onset of gestational diabetes diet controlled
- Malpresentation
- Current BMI greater than or equal to 40kg/m2
- Recurrent APH
- Large for gestational age in this pregnancy (Estimated fetal weight >97th centile on ultrasound scan)
- Small for gestational age (less than 10th centile with any of the following : reduced growth velocity, abnormal Doppler or reduced liquor volumes)
- FGR (< 3rd centile or reduced growth velocity on USS)
- Abnormal fetal heart rate/Doppler studies
- USS diagnosis of oligo-/polyhydramnios
- Fetal abnormality
- High risk of thromboembolic disorders requiring thromboprophylaxis
- Obstetric cholestasis
- No Antenatal care before 25 weeks
- Women with 2 or more episodes of reduced fetal movement after 37+0 weeks