

Every woman will have universal midwifery care as per GGC schedule of care (in development). Women with additional medical/obstetric history will require additional care and input from other professionals. This document will guide you to support the planning of safe, effective, evidence-based care for women booking with the maternity service.

This resource is intended as a guide. It looks at obstetric history, medical history and current pregnancy factors.

Individualised safe, effective, evidence-based care needs a flexible approach and a woman’s care plan should be reviewed at each and every contact to ensure that women are offered the right care, which recognises their individual circumstances, at the right time. Individualised women’s circumstances may require discussion with the multidisciplinary team to agree a suitable plan of care, especially where more than one pathway is applicable.

Always consider [MNPI referral](#) for psychological support if previous obstetric or current pregnancy factors are impacting on a woman’s mental health.

Women living with social complexities or vulnerabilities, which are a cause for concern, may require referral or support from the Blossom Team. Referral criteria in development – liaise with your local Blossom Team midwives for support.

All guidelines are available on the NHSGGC clinical guideline platform and available on the NHSGGC obstetrics and gynaecology guideline app (available for download on apple and android).

When arranging an antenatal management plan and appointments with other members of the multidisciplinary team, consider whether these can take place by telephone or on Attend Anywhere, instead of face to face. Please follow the named consultant’s preference.

Antenatal Care Plan	
Midwife led universal antenatal care	Antenatal care will be coordinated and facilitated by Primary midwives, usually at community spokes.
Obstetric plan and midwife led universal antenatal care	Informed by guidelines or individualised discussion with a consultant obstetrician care can be safely coordinated and facilitated by Primary midwives, usually at community spokes.
Obstetric led care and universal midwifery care	Antenatal care will involve obstetric and midwifery input, with other multi-speciality input as required. Obstetric care will usually be provided at hospital hubs. Universal midwifery care may be provided at both hospital hubs and community spokes.

History at Booking	Antenatal Management Planning	Additional tests	LDA 150mg risk	Folic Acid 5mg	VTE score 1,2,3,4	HbA1C & OGTT	FGR risk	FAS	PPH risk	Anaesthetic referral	Suitability for AMU/CMU/OLU	Guideline or related guideline available
OBSTETRIC HISTORY												
Assisted Conception (excludes IUI and ovarian stimulation) if not > age 40 or other issues	<ul style="list-style-type: none"> Obstetric plan and midwife led universal antenatal care Email named consultant to determine plan 				1							If labours spontaneously CMU & AMU with discussion
History of 2 or fewer Miscarriages	<ul style="list-style-type: none"> Midwife led universal antenatal care 											[CG] Pregnancy Loss, Recurrent (nhsggc.org.uk) Review date 30 November 2024
History of 3 or more consecutive miscarriages with no cause identified	<ul style="list-style-type: none"> EPAS then Midwife led universal antenatal care Email named consultant to determine plan and if medical review required 											[CG] Pregnancy Loss, Recurrent (nhsggc.org.uk) Review date 30 November 2024

History at Booking	Antenatal Management Planning	Additional tests	LDA 150mg risk	Folic Acid 5mg	VTE score 1,2,3,4	HbA1C & OGTT	FGR risk	FAS	PPH risk	Anaesthetic referral	Suitability for AMU/CMU/OLU	Guideline or related guideline available
History of 3 or more consecutive miscarriages with a cause identified	<ul style="list-style-type: none"> • EPAS then Midwife led universal antenatal care • 12 week obstetric consultation 		Possible for antiphospholipid syndrome (APL)		Possible score of 4 for antiphospholipid syndrome (APL)							[CG] Pregnancy Loss, Recurrent (nhsggc.org.uk) Review date 30 Nov 2024
History of mid-trimester loss (13-24 weeks)	<ul style="list-style-type: none"> • Obstetric plan and midwife led universal antenatal care • 12 week obstetric consultation 	LVS at booking						Offer cervical length (from 16/40)				[CG] Cervical length screening for women at risk of preterm labour (nhsggc.org.uk) Recurrent Miscarriage Green-top Guideline No. 17 - Regan - BJOG: An International Journal of Obstetrics & Gynaecology - Wiley Online Library

History at Booking	Antenatal Management Planning	Additional tests	LDA 150mg risk	Folic Acid 5mg	VTE score 1,2,3,4	HbA1C & OGTT	FGR risk	FAS	PPH risk	Anaesthetic referral	Suitability for AMU/CMU/OLU	Guideline or related guideline available
History of ectopic	<ul style="list-style-type: none"> Once intrauterine pregnancy confirmed in EPAS, follow standard booking pathway and midwife led universal antenatal care 											Ectopic Pregnancy Medical Management (116) (nhsggc.org.uk) Review date 01 July 2024
Previous molar pregnancy	<ul style="list-style-type: none"> EPAS scan and midwife led universal antenatal care 											[CG] Gestational trophoblastic disease (molar pregnancy) (nhsggc.org.uk) Review date 31 January 2026

History at Booking	Antenatal Management Planning	Additional tests	<u>LDA 150mg risk</u>	<u>Folic Acid 5mg</u>	<u>VTE score 1,2,3,4</u>	HbA1C & OGTT	<u>FGR risk</u>	FAS	PPH risk	Anaesthetic referral	<u>Suitability for AMU/CMU/OLU</u>	Guideline or related guideline available
Previous shoulder dystocia	<ul style="list-style-type: none"> Obstetric plan and midwife led universal antenatal care RCOG leaflet at booking 16 week Obstetric consultation (suitable for phone/AA) 										OLU	Shoulder Dystocia (328) (nhsggc.org.uk) Review date 31 August 2027
Previous 3rd or 4th tear	<ul style="list-style-type: none"> Obstetric plan and midwife led universal antenatal care RCOG leaflet at booking 16 week Obstetric consultation (suitable for phone/AA) 										AMU/CMU with discussion.	[GC] 3rd and 4th Degree Tears (nhsggc.org.uk) Review date 30 June 2024.

History at Booking	Antenatal Management Planning	Additional tests	LDA 150mg risk	Folic Acid 5mg	VTE score 1,2,3,4	HbA1C & OGTT	FGR risk	FAS	PPH risk	Anaesthetic referral	Suitability for AMU/CMU/OLU	Guideline or related guideline available
Previous Postpartum Haemorrhage (≥1000ml aligns with exclusion from AMU/CMU criteria)	<ul style="list-style-type: none"> Obstetric plan and midwife led universal antenatal care RCOG leaflet at booking 16 week Obstetric consultation (suitable for phone/AA) 								Yes		AMU/CMU with discussion if < 1000mls	[CG] Post partum haemorrhage, management (nhsggc.org.uk) Review date 30 August 2027
Previous Pre-eclampsia, Eclampsia or HELLP	<ul style="list-style-type: none"> Obstetric plan and midwife led universal antenatal care RCOG leaflet at booking 16 week Obstetric consultation (suitable for phone/AA) 		High				Yes	Uterine artery Doppler at FAS			AMU/CMU with discussion if no evidence in current pregnancy	[CG] Aspirin, Antenatal use of aspirin for the Prevention of Pre-eclampsia (nhsggc.org.uk) Review date 31 August 2024 [CG] Fetal Growth Restriction Risk Assessment, Pregnancies at Risk of FGR (nhsggc.org.uk) Review date 01 January 2025

History at Booking	Antenatal Management Planning	Additional tests	LDA 150mg risk	Folic Acid 5mg	VTE score 1,2,3,4	HbA1C & OGTT	FGR risk	FAS	PPH risk	Anaesthetic referral	Suitability for AMU/CMU/OLU	Guideline or related guideline available
Previous preterm birth	<ul style="list-style-type: none"> • Obstetric plan and midwife led universal antenatal care • 12 week Obstetric consultation (suitable for phone/AA) 	LVS at booking if previous preterm birth <34/40						<p>Offer cervical length (from 16/40)</p> <p>If previous placental dysfunction offer uterine artery Doppler at FAS</p>			AMU/CMU	<p>[CG] Cervical length screening for women at risk of preterm labour (nhsggc.org.uk)</p> <p>NICE updated June 2022 Preterm labour and birth NICE guideline [NG25]</p> <p>[CG] Fetal Growth Restriction Risk Assessment, Pregnancies at Risk of FGR (nhsggc.org.uk) Review date 01 January 2025</p>

History at Booking	Antenatal Management Planning	Additional tests	LDA 150mg risk	Folic Acid 5mg	VTE score 1,2,3,4	HbA1C & OGTT	FGR risk	FAS	PPH risk	Anaesthetic referral	Suitability for AMU/CMU/OLU	Guideline or related guideline available
Previous Stillbirth or Neonatal Death	<ul style="list-style-type: none"> Obstetric led care and universal midwifery care 12 week Obstetric consultation 						Yes	If SB <10 th centile offer uterine artery Doppler at FAS			AMU/CMU with discussion with a known non-recurrent cause found otherwise OLU	[CG] Fetal Growth Restriction Risk Assessment, Pregnancies at Risk of FGR (nhsggc.org.uk) Review date 01 January 2025
Previous congenital abnormality including previous trisomy, chromosome or genetic abnormality	<ul style="list-style-type: none"> Obstetric plan and midwife led universal antenatal care First trimester Obstetric consultation (suitable for phone/AA) 							medical FAS likely to be indicated			Depends on individual risk assessment in current pregnancy	

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Previous growth restricted baby (see guideline for definitions)	<ul style="list-style-type: none"> Obstetric plan and midwife led universal antenatal care 16 week Obstetric consultation (suitable for phone/AA) 						Yes	If <3 rd centile or <10 th with placental dysfunction offer uterine artery Doppler at FAS			AMU/CMU if evidence of normal growth this pregnancy	[CG] Fetal Growth Restriction Risk Assessment, Pregnancies at Risk of FGR (nhsggc.org.uk) Review date 1 January 2025
Previous baby above 97th centile (>4.5kg)	<ul style="list-style-type: none"> Obstetric plan and midwife led universal antenatal care 16 week Obstetric consultation (suitable for phone/AA) 					Yes					AMU/CMU if evidence of normal growth this pregnancy	

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Previous Caesarean Birth	<ul style="list-style-type: none"> Obstetric plan and midwife led universal antenatal care RCOG leaflet at booking 16 week Obstetric consultation (suitable for phone/AA) 								Yes		<p>OLU recommended as CTG advised. If requested CMU/AMU with discussion as care out with guidelines. Not suitable VOL/IRH.</p>	<p>[CG] Vaginal Birth after Caesarean Section (VBAC) (nhsggc.org.uk) 30 November 2023.</p> <p>[CG] Caesarean section (nhsggc.org.uk) review 31 March 2023.</p>
Previous Rhesus Iso- Immunisation	<ul style="list-style-type: none"> Obstetric led care and universal midwifery care 12 week consultation at Consultant clinic 										<p>OLU</p>	<p>[CG] Pregnant women with Red Cell Antibodies (SNCG) (nhsggc.org.uk) Review date 30 June 2027</p>

History at Booking	Antenatal Management Planning	Additional tests	LDA 150mg risk	Folic Acid 5mg	VTE score 1,2,3,4	HbA1C & OGTT	FGR risk	FAS	PPH risk	Anaesthetic referral	Suitability for AMU/CMU/OLU	Guideline or related guideline available
Previous Gestational Diabetes	<ul style="list-style-type: none"> • Midwife led universal antenatal care • Follow screening for GDM guideline 					Yes					CMU/AMU	[CG] Gestational Diabetes (GDM), Diagnosing - Diabetic and Antenatal Combined Clinic, PRM (nhsggc.org.uk) Review date 8 December 2027. [CG] Diabetes, Gestational (GDM), Diagnosing, Clyde (nhsggc.org.uk) Review date 30 April 2022. [CG] Diabetes, Gestational (GDM), Diagnosing, QEUH, Obstetrics (nhsggc.org.uk) Review date 30 April 2022

History at Booking	Antenatal Management Planning	Additional tests	LDA 150mg risk	Folic Acid 5mg	VTE score 1,2,3,4	HbA1C & OGTT	FGR risk	FAS	PPH risk	Anaesthetic referral	Suitability for AMU/CMU/OLU	Guideline or related guideline available
Previous child with health issues possibly related to pregnancy or birth	<ul style="list-style-type: none"> Obstetric plan and midwife led universal antenatal care Email named consultant to determine plan and if medical review required 										OLU	
Tocophobia (excessive fear of childbirth)	<ul style="list-style-type: none"> Obstetric plan and midwife led universal antenatal care 16 week Obstetric consultation (suitable for phone/AA) MNPI referral 										AMU/CMU with discussion	MNPI referral pathway
Sudden Infant Death syndrome	<ul style="list-style-type: none"> Obstetric plan and midwife led universal antenatal care 											

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Previous Group B streptococcus	<ul style="list-style-type: none"> Midwife led universal antenatal care RCOG leaflet at booking 										AMU/CMU-RAH	[CG] Group B Streptococcal Prophylaxis (nhsggc.org.uk) Review date 01 December 2023
MEDICAL HISTORY												
Significant Thrombophilia*	<ul style="list-style-type: none"> Obstetric led care and universal midwifery care Obstetric Haematology clinic in first trimester Glasgow/Consultant clinic Clyde 				3					Yes	OLU	
Low risk Thrombophilia **	<ul style="list-style-type: none"> Obstetric plan and midwife led universal antenatal care Email named consultant to determine plan 				1						AMU/CMU-RAH with discussion	

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Past/current Thrombosis/Anti-coagulant therapy	<ul style="list-style-type: none"> • Obstetric plan and midwife led universal antenatal care • Refer to Obstetric Haematology clinic following +ve pregnancy test (Clyde women should be referred to PRM Obs Haem Clinic) 				3 or 4 see guideline					Yes	OLU	[CG] Thromboprophylaxis during pregnancy and the puerperium, a guide to risk assessment & management Review date April 2026 [CG] Thromboembolic disease in pregnancy and the puerperium: acute management Review date 14 April 2021

History at Booking	Antenatal Management Planning	Additional tests	LDA 150mg risk	Folic Acid 5mg	VTE score 1,2,3,4	HbA1C & OGTT	FGR risk	FAS	PPH risk	Anaesthetic referral	Suitability for AMU/CMU/OLU	Guideline or related guideline available
Family history of DVT (provoked vs unprovoked)	<ul style="list-style-type: none"> Obstetric plan and midwife led universal antenatal care 	May need thrombophilia screen - Discuss with consultant			1							[CG] Thromboprophylaxis during pregnancy and the puerperium, a guide to risk assessment & management Review date April 2026
Known haemoglobinopathy	<ul style="list-style-type: none"> Obstetric plan and midwife led universal antenatal care 			Yes, if sickle cell						Yes, if sickle cell	OLU. AMU/CMU-RAH if trait and partner low risk.	[CG] Haemoglobinopathies antenatal screening (nhsggc.org.uk) Review date 01 April 2022

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Bleeding disorder ***	<ul style="list-style-type: none"> Obstetric led care and universal midwifery care Obstetric Haematology clinic in first trimester Glasgow/Consultant clinic Clyde If there is uncertainty about the need for referral email named consultant 									Yes	OLU	<p>[CG] Thromboprophylaxis during pregnancy and the puerperium, a guide to risk assessment & management (nhsggc.org.uk) Review date 30 April 2026</p> <p>[CG] Inherited bleeding disorders in pregnancy (nhsggc.org.uk) 19 January 2025</p>
Thrombocytopenia	<ul style="list-style-type: none"> Obstetric plan and midwife led universal antenatal care 12 week Obstetric consultation 	See guideline							Yes	Yes if platelets less than 100x10 ⁹ /l	OLU. AMU/CMU if platelets >100 x10/litre	<p>[CG] Thrombocytopenia in Pregnancy (nhsggc.org.uk) 30 June 2021</p>

History at Booking	Antenatal Management Planning	Additional tests	<u>LDA 150mg risk</u>	<u>Folic Acid 5mg</u>	<u>VTE score 1,2,3,4</u>	HbA1C & OGTT	<u>FGR risk</u>	FAS	PPH risk	Anaesthetic referral	<u>Suitability for AMU/CMU/OLU</u>	Guideline or related guideline available
Diabetes Type 1	<ul style="list-style-type: none"> Obstetric led care and universal midwifery care Combined Obstetric Diabetic/Endocrine clinic 	LFT/U&E/TFTs if no recent results	High	Yes	3 if with nephropathy	HbA1C	Yes	<u>Medical FAS</u>			OLU	[CG] Diabetes, Antenatal Monitoring of GDM Treated with Metformin or Insulin T1 or T2 (nhsggc.org.uk) Review date 30 April 2022
Diabetes Type 2	<ul style="list-style-type: none"> Obstetric led care and universal midwifery care Combined Obstetric Diabetic/Endocrine clinic 	LFT/U&E/TFTs if no recent results	High	Yes		HbA1C	Yes	<u>Medical FAS</u>			OLU	[CG] Diabetes, Antenatal Monitoring of GDM Treated with Metformin or Insulin T1 or T2 (nhsggc.org.uk) Review date 30 April 2022
Family history diabetes (1st degree relative)	<ul style="list-style-type: none"> Midwife led universal antenatal care Follow screening for GDM guideline 					Yes					AMU/CMU	[CG] Diabetes: Screening for gestational diabetes GGC (COVID contingency) 26/10/2020 (nhsggc.org.uk) 01 October 2022

History at Booking	Antenatal Management Planning	Additional tests	LDA 150mg risk	Folic Acid 5mg	VTE score 1,2,3,4	HbA1C & OGTT	FGR risk	FAS	PPH risk	Anaesthetic referral	Suitability for AMU/CMU/OLU	Guideline or related guideline available
Thyroid disease (hyperthyroid)	<ul style="list-style-type: none"> • Obstetric led care and universal midwifery care • Obstetric Medicine Clinic at 12 weeks 	Check TFTs and TRAB (anti-thyroid antibodies) at booking									AMU/CMU-RAH with discussion. Graves OLU	In development
Thyroid disease (hypothyroid)	<ul style="list-style-type: none"> • Obstetric plan and midwife led universal antenatal care • 16 week Obstetric consultation (suitable for phone/AA) 	Check TFTs level each trimester									CMU/AMU with discussion	In development

History at Booking	Antenatal Management Planning	Additional tests	LDA 150mg risk	Folic Acid 5mg	VTE score 1,2,3,4	HbA1C & OGTT	FGR risk	FAS	PPH risk	Anaesthetic referral	Suitability for AMU/CMU/OLU	Guideline or related guideline available
Essential Hypertension	<ul style="list-style-type: none"> • Obstetric led care and universal midwifery care • 16 week face to face medical review at Consultant clinic • Arrange earlier review if concerns regarding drug therapy or BP control • Consider Home BP monitoring via Day Care unit 	LFTs and U&Es	High				Yes	Offer uterine artery Doppler at FAS			OLU	<p>[CG] Hypertension Maternity Assessment (nhsggc.org.uk) Review date 30 December 2022</p> <p>[CG] Hypertension, Antenatal and Daycare (nhsggc.org.uk) Review date 01 July 2023)</p> <p>[CG] Home Blood Pressure and Urinalysis Monitoring, Obstetrics (nhsggc.org.uk) 23 Sept 2022</p> <p>[CG] Fetal Growth Restriction Risk Assessment, Pregnancies at Risk of FGR (nhsggc.org.uk) Review date 1 January 2025</p>

History at Booking	Antenatal Management Planning	Additional tests	LDA 150mg risk	Folic Acid 5mg	VTE score 1,2,3,4	HbA1C & OGTT	FGR risk	FAS	PPH risk	Anaesthetic referral	Suitability for AMU/CMU/OLU	Guideline or related guideline available
Significant renal disease	<ul style="list-style-type: none"> • Obstetric led care and universal midwifery care • Obstetric Medicine Clinic at 12 weeks 	LFTs and U&Es	High		For individual consideration		Yes	Offer uterine artery Doppler at FAS		Yes	OLU. Without abnormal renal function AMU/CMU with discussion	[CG] Fetal Growth Restriction Risk Assessment, Pregnancies at Risk of FGR (nhsggc.org.uk) Review date 1 January 2025
Solid Organ Transplant	<ul style="list-style-type: none"> • Obstetric led care and universal midwifery care • Obstetric Medicine Clinic at 12 weeks 				For individual consideration					Yes	OLU	

History at Booking	Antenatal Management Planning	Additional tests	LDA 150mg risk	Folic Acid 5mg	VTE score 1,2,3,4	HbA1C & OGTT	FGR risk	FAS	PPH risk	Anaesthetic referral	Suitability for AMU/CMU/OLU	Guideline or related guideline available
Connective Tissue Disease (e.g. Lupus) Autoimmune disease (SLE, antiphospholipid syndrome, myasthenia gravis)	<ul style="list-style-type: none"> Obstetric led care and universal midwifery care 16 week face to face medical review at Consultant clinic 		High		3		Yes	Offer uterine artery Doppler at FAS		Yes	OLU. Non-specific disorder AMU/CMU	[CG] Thromboprophylaxis during pregnancy and the puerperium, a guide to risk assessment & management Review date 30 April 2026 [CG] Fetal Growth Restriction Risk Assessment, Pregnancies at Risk of FGR (nhsggc.org.uk) Review date 1 January 2025
Polycystic ovaries	<ul style="list-style-type: none"> Midwife led universal antenatal care 										CMU/AMU	

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Epilepsy	<ul style="list-style-type: none"> • Obstetric led care and universal midwifery care • Urgent referral to Epilepsy Specialist Nurse • 16 week face to face medical review at Consultant clinic 			Yes			Yes	Medical FAS if on medication		Yes, if poorly controlled	OLU	RCOG Green top guideline Standards of Care for Women with Epilepsy of Childbearing Age (2023)
Previous CVA/TIA	<ul style="list-style-type: none"> • Obstetric led care and universal midwifery care • 16 week face to face medical review at Consultant clinic 		For individual consideration		For individual consideration		Yes			Yes	OLU	RCOG directing to European Society of Cardiology

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Significant Heart Disease involving valve or Congenital Heart Disease	<ul style="list-style-type: none"> Obstetric led care and universal midwifery care Obstetric Medicine Clinic at 12 weeks with possible involvement of Cardiac Obstetric Clinic at QEUH Women to inform congenital team of any pregnancy 		For individual consideration		For individual consideration		Yes	Medical FAS Offer uterine artery Doppler at FAS		Yes	OLU	[CG] Fetal Growth Restriction Risk Assessment, Pregnancies at Risk of FGR (nhsggc.org.uk) Review date 1 January 2025
Ischaemic Heart Disease	<ul style="list-style-type: none"> Obstetric led care and universal midwifery care 16 week face to face medical review at Consultant clinic 		For individual consideration		For individual consideration		Yes			Yes	OLU	[CG] Fetal Growth Restriction Risk Assessment, Pregnancies at Risk of FGR (nhsggc.org.uk) Review date 1 January 2025

History at Booking	Antenatal Management Planning	Additional tests	LDA 150mg risk	Folic Acid 5mg	VTE score 1,2,3,4	HbA1C & OGTT	FGR risk	FAS	PPH risk	Anaesthetic referral	Suitability for AMU/CMU/OLU	Guideline or related guideline available
Cardiac Arrhythmia	<ul style="list-style-type: none"> Obstetric led care and universal midwifery care 16 week face to face medical review at Consultant clinic 		For individual consideration		For individual consideration		Yes			Yes	OLU	[CG] Fetal Growth Restriction Risk Assessment, Pregnancies at Risk of FGR (nhsggc.org.uk) Review date 1 January 2025
Inflammatory Bowel Disease	<ul style="list-style-type: none"> Obstetric led care and universal midwifery care 16 week face to face medical review at Consultant clinic 			Yes, if Coeliac Disease	3, if Inflammatory Bowel Disease						OLU. AMU/CMU if Coeliac Disease	

History at Booking	Antenatal Management Planning	Additional tests	<u>LDA 150mg risk</u>	<u>Folic Acid 5mg</u>	<u>VTE score 1,2,3,4</u>	HbA1C & OGTT	<u>FGR risk</u>	FAS	PPH risk	Anaesthetic referral	<u>Suitability for AMU/CMU/OLU</u>	Guideline or related guideline available
Past malignancy	<ul style="list-style-type: none"> Obstetric led care and universal midwifery care 16 week face to face medical review at Consultant clinic 						Individualised plan				OLU	
Current malignancy	<ul style="list-style-type: none"> Obstetric led care and universal midwifery care Refer to Obstetric Medicine Clinic at booking 				3		Individualised plan				OLU	

History at Booking	Antenatal Management Planning	Additional tests	LDA 150mg risk	Folic Acid 5mg	VTE score 1,2,3,4	HbA1C & OGTT	FGR risk	FAS	PPH risk	Anaesthetic referral	Suitability for AMU/CMU/OLU	Guideline or related guideline available
Recurrent UTI	<ul style="list-style-type: none"> Midwife led universal antenatal care Email named consultant to determine if an Obstetric plan is required 	MSSU at booking /at every appt									AMU/CMU if no cause identified	NICE Urinary tract infection (lower) - women [CG] Antibiotic policy, obstetric patients - treatment (nhsggc.org.uk) review date 30 September 2022
Multiple Sclerosis	<ul style="list-style-type: none"> Obstetric plan and midwife led universal antenatal care 16 week Obstetric consultation (suitable for phone/AA) 									Yes	OLU	
Neurological disease (excluding migraine)	<ul style="list-style-type: none"> Obstetric led care and universal midwifery care 				?3 for comorbidity - for individual consideration					Yes	OLU. AMU/CMU if migraine only	

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Cystic fibrosis	<ul style="list-style-type: none"> Obstetric led and universal midwifery care at QEUH with involvement of CF Team 				?3 for comorbidity - for individual consideration	Yes				Yes	OLU	
Asthma requiring oral steroids or a hospital admission within last year	<ul style="list-style-type: none"> Obstetric led care and universal midwifery care 16 week Obstetric consultation 									Yes, if requiring hospital admissions	OLU	Generic Asthma Guidelines, Primary Care (033) (nhsggc.org.uk) review date 18 November 2021 [CG] Adrenal crisis: Avoidance in Pregnant Women at Risk (nhsggc.org.uk)
Respiratory disease	<ul style="list-style-type: none"> Obstetric led care and universal midwifery care 16 week Obstetric consultation 									Yes, if requiring hospital admissions	OLU	

History at Booking	Antenatal Management Planning	Additional tests	<u>LDA 150mg risk</u>	<u>Folic Acid 5mg</u>	<u>VTE score 1,2,3,4</u>	HbA1C & OGTT	<u>FGR risk</u>	FAS	PPH risk	Anaesthetic referral	<u>Suitability for AMU/CMU/OLU</u>	Guideline or related guideline available
Asthma with past or current use of inhaled steroids	<ul style="list-style-type: none"> Obstetric plan and midwife led universal antenatal care 										OLU	Generic Asthma Guidelines, Primary Care (033) (nhsggc.org.uk) review date 18 November 2021
Mild asthma	<ul style="list-style-type: none"> Midwife led universal antenatal care 										AMU/CMU	Generic Asthma Guidelines, Primary Care (033) (nhsggc.org.uk) review date 18 November 2021

History at Booking	Antenatal Management Planning	Additional tests	LDA 150mg risk	Folic Acid 5mg	VTE score 1,2,3,4	HbA1C & OGTT	FGR risk	FAS	PPH risk	Anaesthetic referral	Suitability for AMU/CMU/OLU	Guideline or related guideline available
HIV	<ul style="list-style-type: none"> • Obstetric led care and universal midwifery care (Blossom Team referral) • For PRM/QEUEH women refer to HIV specialist clinic at PRM • For Clyde women refer to Dr Haworth clinic (RAH) 										If viral load <50 AMU/CMU-RAH	<p>[CG] HIV in Pregnancy and the Prevention of Vertical Transmission Individualised Management (nhsggc.org.uk) Review date 01 March 2024</p> <p>[CG] HIV Significant Laboratory Results (nhsggc.org.uk) Review date 30 June 2021</p>

History at Booking	Antenatal Management Planning	Additional tests	LDA 150mg risk	Folic Acid 5mg	VTE score 1,2,3,4	HbA1C & OGTT	FGR risk	FAS	PPH risk	Anaesthetic referral	Suitability for AMU/CMU/OLU	Guideline or related guideline available
Hep B or C	<ul style="list-style-type: none"> • Obstetric plan and midwife led universal antenatal care • 16 week Obstetric consultation (suitable for phone/AA) 	LFTs if no recent results									<p>OLU for acute infection. AMU/Clyde CMU-RAH with discussion if chronic or previous infection</p>	<p>[CG] Hepatitis B positive, Management of women identified through antenatal screening (nhsggc.org.uk) Review date 30 November 2024</p> <p>No Hep C Guideline</p>
FGM	<ul style="list-style-type: none"> • Midwife led universal antenatal care (Blossom Team referral) • Follow FGM pathway and individualised care involving Obstetric consultant if indicated 										<p>AMU/CMU with discussion</p>	<p>[CG] Female Genital Mutilation (FGM) Snips Pathway, Obstetrics</p>

History at Booking	Antenatal Management Planning	Additional tests	LDA 150mg risk	Folic Acid 5mg	VTE score 1,2,3,4	HbA1C & OGTT	FGR risk	FAS	PPH risk	Anaesthetic referral	Suitability for AMU/CMU/OLU	Guideline or related guideline available
Gynaecological surgery	<ul style="list-style-type: none"> Obstetric plan and midwife led universal antenatal care 16 week Obstetric consultation (suitable for phone/AA) 							If cervical surgery offer cervical length (From 16/40)			CMU/AMU with discussion	[CG] Cervical length screening for women at risk of preterm labour (nhsggc.org.uk) Review date 1 December 2023
Previous colposcopy (loop/leep. Cone biopsy/excision)	<ul style="list-style-type: none"> Midwife led universal antenatal care if 1 LLETZ Obstetric plan and Midwife led universal antenatal care if >1 LLETZ - 16 week Obstetric consultation (suitable for phone/AA) 							If >1 LLETZ offer cervical length (From 16/40)			CMU/AMU with discussion	[CG] Cervical length screening for women at risk of preterm labour (nhsggc.org.uk) Review date 1 December 2023

History at Booking	Antenatal Management Planning	Additional tests	LDA 150mg risk	Folic Acid 5mg	VTE score 1,2,3,4	HbA1C & OGTT	FGR risk	FAS	PPH risk	Anaesthetic referral	Suitability for AMU/CMU/OLU	Guideline or related guideline available
Complex Genetic history	<ul style="list-style-type: none"> Obstetric plan and midwife led universal antenatal care First trimester Consultant review May require Fetal Medicine review at QEUH 	Individualised care plan						Consider Medical FAS			OLU	
Any other medical condition	<ul style="list-style-type: none"> Obstetric plan and midwife led universal antenatal care Email named consultant to determine if obstetric review required 											

History at Booking	Antenatal Management Planning	Additional tests	LDA 150mg risk	Folic Acid 5mg	VTE score 1,2,3,4	HbA1C & OGTT	FGR risk	FAS	PPH risk	Anaesthetic referral	Suitability for AMU/CMU/OLU	Guideline or related guideline available
Bariatric surgery	<ul style="list-style-type: none"> Obstetric led care and universal midwifery care 	Refer to consultant				May require a modified GTT				Yes		Care of Women with Obesity in Pregnancy (Green-top Guideline No. 72) RCOG
Anaphylaxis	<ul style="list-style-type: none"> Obstetric plan and midwife led universal antenatal care Email named consultant to determine if obstetric review required 									Yes	AMU/CMU-RAH with discussion	[GC] Anaphylaxis emergency management (nhsggc.org.uk) review date 01 February 2022
Previous anaesthetic difficulty	<ul style="list-style-type: none"> Midwife led universal antenatal care 									Yes	AMU/CMU with discussion	
Family history of suxamethonium apnoea or malignant hyperpyrexia	<ul style="list-style-type: none"> Midwife led universal antenatal care 									Yes	AMU/CMU with discussion	

History at Booking	Antenatal Management Planning	Additional tests	LDA 150mg risk	Folic Acid 5mg	VTE score 1,2,3,4	HbA1C & OGTT	FGR risk	FAS	PPH risk	Anaesthetic referral	Suitability for AMU/CMU/OLU	Guideline or related guideline available
Significant spinal problems or previous spinal surgery	<ul style="list-style-type: none"> Obstetric plan and midwife led universal antenatal care 16 week Obstetric consultation (suitable for phone/AA) 			Yes, if Neural Tube Defect (NTD)				Medical FAS if NTD		Yes	AMU/CMU with discussion if no mobility limitations	
Previous or current severe mental illness eg puerperal psychosis, schizophrenia, bipolar disorder	<ul style="list-style-type: none"> Obstetric plan and midwife led universal antenatal care 16 week Obstetric consultation (suitable for phone/AA) PNMH referral 						medication dependent				AMU/CMU-RAH with discussion if outpatient treatment. If inpatient OLU.	MNPI referral pathway

History at Booking	Antenatal Management Planning	Additional tests	LDA 150mg risk	Folic Acid 5mg	VTE score 1,2,3,4	HbA1C & OGTT	FGR risk	FAS	PPH risk	Anaesthetic referral	Suitability for AMU/CMU/OLU	Guideline or related guideline available
Previous or current mild/moderate mental illness	<ul style="list-style-type: none"> • Midwife led universal antenatal care • Seek advice from MNPI and/or PNMH team 										AMU/CMU-RAH with discussion if outpatient treatment. If inpatient OLU.	MNPI referral pathway
Vulvovaginal herpes infection – past or current	<ul style="list-style-type: none"> • Obstetric plan and midwife led universal antenatal care • RCOG leaflet at booking • 36 weeks anti-viral prophylaxis 										OLU if active	[CG] Genital Herpes in Pregnancy RCOG link (nhsggc.org.uk) Review date 17 December 2024

History at Booking	Antenatal Management Planning	Additional tests	LDA 150mg risk	Folic Acid 5mg	VTE score 1,2,3,4	HbA1C & OGTT	FGR risk	FAS	PPH risk	Anaesthetic referral	Suitability for AMU/CMU/OLU	Guideline or related guideline available
CURRENT PREGNANCY												
Fibroids >5cm	<ul style="list-style-type: none"> Obstetric plan and midwife led universal antenatal care 16 week Obstetric consultation (suitable for phone/AA) 						Yes, unsuitable for fundal height measurement		Yes		OLU	Gynaecology guideline [CG] Uterine Fibroids (nhsggc.org.uk) review date 31 December 2022
Maternal age over 40	<ul style="list-style-type: none"> Obstetric plan and midwife led universal antenatal 16 week Obstetric consultation (suitable for phone/AA) 		Mod		1		Yes		Yes		CMU/AMU with discussion	RCOG Induction of Labour at Term in Older Mothers (Scientific Impact Paper No. 34)
Maternal age over 35	<ul style="list-style-type: none"> Midwife led universal antenatal care 				1						AMU/CMU	

History at Booking	Antenatal Management Planning	Additional tests	<u>LDA 150mg risk</u>	<u>Folic Acid 5mg</u>	<u>VTE score 1,2,3,4</u>	HbA1C & OGTT	<u>FGR risk</u>	FAS	PPH risk	Anaesthetic referral	<u>Suitability for AMU/CMU/OLU</u>	Guideline or related guideline available
<p>Late booker (no previous antenatal care)</p> <p>This does not apply to women with documentation of previous AN care transferring care to GGC.</p>	<ul style="list-style-type: none"> <25 weeks Midwife led universal antenatal care >25 weeks Obstetric led care and universal midwifery care 						Yes if >25 weeks at booking				OLU if no AN care before 25wks	<p>Infectious Diseases Screening Tests in Late Bookers (357) (nhsggc.org.uk) review date 30 April 2023</p> <p>[CG] Late booking in pregnancy: management of women who book after 25+0 weeks gestation (nhsggc.org.uk) Review date 30 April 2023</p>
Multiple Pregnancy	<ul style="list-style-type: none"> Multiple pregnancy clinic Obstetric led care and universal midwifery care 		Mod		1		Yes	<u>Medical FAS</u>		Yes	OLU	<p>[CG] Twin pregnancy - ultrasound guideline (nhsggc.org.uk) review date 01 August 2022</p>

History at Booking	Antenatal Management Planning	Additional tests	LDA 150mg risk	Folic Acid 5mg	VTE score 1,2,3,4	HbA1C & OGTT	FGR risk	FAS	PPH risk	Anaesthetic referral	Suitability for AMU/CMU/OLU	Guideline or related guideline available
Women who decline blood products e.g. Jehovah's Witness	<ul style="list-style-type: none"> • Obstetric plan and midwife led universal antenatal care • 16 week face to face medical review at Consultant clinic • Start iron at booking 									Yes	OLU	Women Who Refuse Blood Products, Obstetrics (401) (nhsggc.org.uk) review date 31 March 2023

History at Booking	Antenatal Management Planning	Additional tests	LDA 150mg risk	Folic Acid 5mg	VTE score 1,2,3,4	HbA1C & OGTT	FGR risk	FAS	PPH risk	Anaesthetic referral	Suitability for AMU/CMU/OLU	Guideline or related guideline available
Low PAPP-A (<0.42 MoM)	<ul style="list-style-type: none"> Obstetric plan and midwife led universal antenatal care 						Yes	Offer uterine artery Doppler at FAS			AMU/CMU if normal growth on USS with last 4 weeks	[CG] Low Pregnancy Associated Plasma Protein (PAPP-A) Level in Pregnancy (nhsggc.org.uk) Review date 01 June 2024 [CG] Fetal Growth Restriction Risk Assessment, Pregnancies at Risk of FGR (nhsggc.org.uk) Review date 1 January 2025
BMI 18 or less	<ul style="list-style-type: none"> Obstetric plan and midwife led universal antenatal care Consideration may be given to T3 growth scans 										OLU if current < 18 AMU/CMU if ≥ 18	[CG] Fetal Growth Restriction Risk Assessment, Pregnancies at Risk of FGR (nhsggc.org.uk) Review date 1 January 2025

History at Booking	Antenatal Management Planning	Additional tests	LDA 150mg risk	Folic Acid 5mg	VTE score 1,2,3,4	HbA1C & OGTT	FGR risk	FAS	PPH risk	Anaesthetic referral	Suitability for AMU/CMU/OLU	Guideline or related guideline available
BMI 40 or more	<ul style="list-style-type: none"> Obstetric plan and midwife led universal antenatal care 16 week Obstetric consultation (suitable for phone/AA) 		Mod	Yes	2	Yes	Yes		Yes	Yes	OLU (current BMI)	[CG] Obesity: Management in Pregnancy (nhsggc.org.uk) Review date 31 January 2023
BMI 35-39.9	<ul style="list-style-type: none"> Midwife led universal antenatal care 		Mod	Yes	1	Yes			Yes		AMU/CMU with discussion	[CG] Obesity: Management in Pregnancy (nhsggc.org.uk) Review date 31 January 2023
BMI 30-34.9	<ul style="list-style-type: none"> Midwife led universal antenatal care 			Yes							AMU/CMU	[CG] Obesity: Management in Pregnancy (nhsggc.org.uk) Review date 31 January 2023

History at Booking	Antenatal Management Planning	Additional tests	LDA 150mg risk	Folic Acid 5mg	VTE score 1,2,3,4	HbA1C & OGTT	FGR risk	FAS	PPH risk	Anaesthetic referral	Suitability for AMU/CMU/OLU	Guideline or related guideline available
Smoker	<ul style="list-style-type: none"> Midwife led universal antenatal care 				1						AMU/CMU	[CG] Fetal Growth Restriction Risk Assessment, Pregnancies at Risk of FGR (nhsggc.org.uk) Review date 1 January 2025
Current problematic alcohol or drug use	<ul style="list-style-type: none"> Obstetric plan and midwife led universal antenatal care Blossom Team referral 				3 if current IV drug user		Yes				OLU	Alcohol and Drugs, problematic use in pregnancy flow charts (455) (nhsggc.org.uk) review date 01 April 2027

History at Booking	Antenatal Management Planning	Additional tests	LDA 150mg risk	Folic Acid 5mg	VTE score 1,2,3,4	HbA1C & OGTT	FGR risk	FAS	PPH risk	Anaesthetic referral	Suitability for AMU/CMU/OLU	Guideline or related guideline available
Heavy bleeding/unexplained APH	<ul style="list-style-type: none"> Obstetric plan and midwife led universal antenatal care 							Offer uterine artery Doppler at FAS	Yes		OLU if current or APH in 3rd trimester	[CG] Antepartum haemorrhage (APH) (nhsggc.org.uk) review date 31 July 2025 [CG] Fetal Growth Restriction Risk Assessment, Pregnancies at Risk of FGR (nhsggc.org.uk) Review date 1 January 2025
Group B Strep identified during this pregnancy	<ul style="list-style-type: none"> Midwife led universal antenatal care RCOG leaflet 										AMU/CMU-RAH	[CG] Group B Streptococcal Prophylaxis (nhsggc.org.uk) Review date 01 December 2023
Polyhydramnios	<ul style="list-style-type: none"> Obstetric plan and midwife led universal antenatal care 					Yes	Yes, unsuitable for fundal height measurement		Yes		OLU	[CG] Amniotic Fluid Volume Assessment (nhsggc.org.uk) review date 31 January 2028

History at Booking	Antenatal Management Planning	Additional tests	LDA 150mg risk	Folic Acid 5mg	VTE score 1,2,3,4	HbA1C & OGTT	FGR risk	FAS	PPH risk	Anaesthetic referral	Suitability for AMU/CMU/OLU	Guideline or related guideline available
Placenta praevia	<ul style="list-style-type: none"> Obstetric led care and universal midwifery care 								Yes	Yes	OLU	[CG] Placenta Praevia and Placenta Accreta (nhsggc.org.uk) review date 30 September 2027
Anaemia	<ul style="list-style-type: none"> Obstetric plan and midwife led universal antenatal care 	FBC, ferritin, blood film, reticulo cytes							Yes, if Hb <95g/l		AMU/CMU if hb ≥9g/l	[CG] PrAMS - PRegnancy Anaemia Management in Scotland (nhsggc.org.uk) review date 06 July 2023 [CG] Iron Deficiency Management during Pregnancy and the Puerperium (nhsggc.org.uk) review date 01 February 2024 [CG] Haemoglobin less than 105g per L obstetric management (nhsggc.org.uk) review date 30 April 2019

History at Booking	Antenatal Management Planning	Additional tests	LDA 150mg risk	Folic Acid 5mg	VTE score 1,2,3,4	HbA1C & OGTT	FGR risk	FAS	PPH risk	Anaesthetic referral	Suitability for AMU/CMU/OLU	Guideline or related guideline available
Hyperemesis/dehydration	<ul style="list-style-type: none"> Obstetric plan and midwife led universal antenatal care 				If inpatient 3 for hyperemesis and 1 for dehydration							[CG] Hyperemesis Gravidarum (nhsggc.org.uk) review date 30 September 2022
Primiparous	<ul style="list-style-type: none"> Midwife led universal antenatal care 		Mod								AMU/CMU	[CG] Aspirin, Antenatal use of aspirin for the Prevention of Pre-eclampsia (nhsggc.org.uk) Review date 31 August 2024 [CG] Thromboprophylaxis during pregnancy and the puerperium, a guide to risk assessment & management (nhsggc.org.uk) Review date 01 December 2021

History at Booking	Antenatal Management Planning	Additional tests	LDA 150mg risk	Folic Acid 5mg	VTE score 1,2,3,4	HbA1C & OGTT	FGR risk	FAS	PPH risk	Anaesthetic referral	Suitability for AMU/CMU/OLU	Guideline or related guideline available
Parity ≥3 with no other risk factors	<ul style="list-style-type: none"> Midwife led universal antenatal care 				1				Yes		AMU ≤ para 4 Clyde OLU if > para 4.	
Aged under 16	<ul style="list-style-type: none"> Obstetric plan and midwife led universal antenatal care Blossom Team referral 										AMU/CMU with discussion	
Pregnancy interval <1 year (increased stillbirth and preterm birth risk)	<ul style="list-style-type: none"> Obstetric plan and midwife led universal antenatal care 											
Pregnancy interval >10 years and no other risk factors	<ul style="list-style-type: none"> Midwife led universal antenatal care 		Mod									[CG] Aspirin, Antenatal use of aspirin for the Prevention of Pre-eclampsia (nhsggc.org.uk) Review date 31 August 2024

Significant Thrombophilia *

Heterozygous for both Factor V Leiden and Prothrombin Gene Mutation
Homozygous for Factor V Leiden or Prothrombin Gene Mutation
Protein S or Protein C deficiency out with pregnancy
Anti-thrombin deficiency

Low Risk Thrombophilia **

Heterozygous for Factor V Leiden or Prothrombin Gene Mutation

Bleeding Disorders ***

List not exhaustive, but includes
Von Willebrand's Disease
Blood clotting factor deficiencies (Factor VII, VIII, IX, XI)
Unspecified bleeding disorders
Glanzmann's thrombocytopenia
ITP

**(Adapted from antenatal care pathways during covid document. Author: Dr Jane Richmond
Date: 17/11/2020 and from Dumfries and Galloway Antenatal risk Pathways. Created by
Quality Improvement Midwife Alison Anderson and Project Midwife for Continuity of Carer
Laura Paterson)**