Royal Cornwall Hospitals NHS Trust

Policy Under Review

Please note that this policy is under review. It does, however, remain current Trust policy subject to any recent legislative changes, national policy instruction (NHS or Department of Health), or Trust Board decision. For guidance, please contact the Author/Owner.

Information Category	Detailed Information
Document Title:	Assisted Reproduction Pregnancy Clinical Guideline V2.0
This document replaces (exact title of previous version):	Assisted Reproduction of Pregnancy Clinical Guideline V1.0
Date Issued / Approved:	December 2021
Date Valid From:	January 2022
Date Valid To:	January 2026
Author / Owner:	Mr Rob Holmes, Consultant Obstetrician and Gynaecologist, Obstetrics and Gynaecology Directorate
Contact details:	01872 252730
Brief summary of contents:	Guideline for the Midwifery and Obstetric Management of pregnancy conceived after assisted reproductive treatments
Suggested Keywords:	Infertility, IVF, ovulation induction
Target Audience:	**RCHT:** Yes **CFT:** No **CIOS ICB:** No
Executive Director responsible for Policy:	Chief Medical Officer
Approval route for consultation and ratification:	Maternity Guidelines Group
Manager confirming approval processes:	Caroline Chappell
Name of Governance Lead confirming consultation and ratification:	Michael Cross

Information Category	Detailed Information
Links to key external standards:	None identified
Related Documents:	RCOG Scientific Impact Paper No. 8: In Vitro Fertilisation: Perinatal Risks and Early Childhood Outcomes. RCOG. May 2012
Training Need Identified:	No
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet & Intranet
Document Library Folder/Sub Folder:	Clinical / Midwifery and Obstetrics

This document is only valid on the day of printing.

Controlled Document.

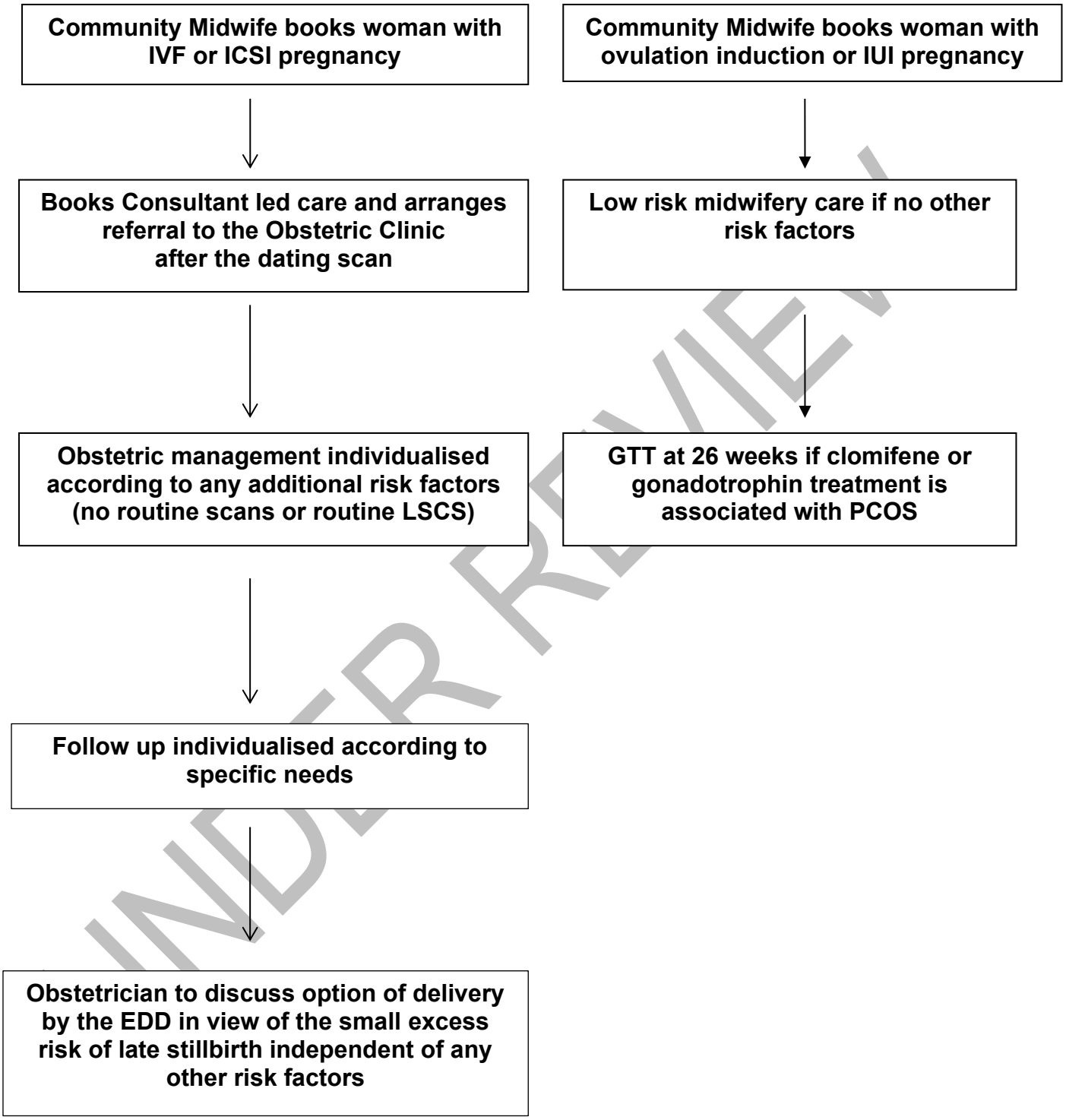
This document has been created following the Royal Cornwall Hospitals NHS Trust Policy on Document Production. It should not be altered in any way without the express permission of the author or their Line Manager.

Assisted Reproduction Pregnancy Clinical Guideline

V2.0

January 2022

Summary



1. Aim/Purpose of this Guideline

1.1. This guideline outlines the care that should be offered by midwives and obstetricians for women whose pregnancy was conceived after assisted reproductive treatments.

1.2. This version supersedes any previous versions of this document.

1.3. This guideline makes recommendations for women and people who are pregnant. For simplicity of language the guideline uses the term women throughout, but this should be taken to also include people who do not identify as women but who are pregnant, in labour and in the postnatal period. When discussing with a person who does not identify as a woman please ask them their preferred pronouns and then ensure this is clearly documented in their notes to inform all health care professionals (NEW 2020).

Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

2. The Guidance

2.1. Introduction

2.1.1. Sub-fertility is managed by a number of treatments that may have implications for on-going pregnancy. These include ovulation induction treatments (clomifene citrate (Clomid), Metformin, gonadotrophins and laparoscopic ovarian drilling) intrauterine insemination (IUI), in vitro fertilisation (IVF), intracytoplasmic sperm injection (ICSI), donor insemination and egg donation. Pre-implantation genetic diagnosis (PGD) is a diagnostic test used to exclude a specific genetic or chromosomal disorder before embryo transfer into the uterus.

2.1.2. This guideline outlines the recommendations for the care of women who have conceived with the assistance of the above treatments from 12 weeks gestation onwards. Although most additional risk associated with IVF pregnancy is a consequence of associated risks such as adverse maternal medical health, advanced maternal age or multiple pregnancy, large meta-analyses have reported additional risks independent of these co-founders. These include congenital anomaly, preterm labour, growth restriction, stillbirth and neonatal admission. Some of this excess risk may be explained by changes in clinician's behaviour when caring for these women (e.g. earlier delivery, operative delivery).

2.2. **Management**

2.2.1. A full risk assessment is made at the Community Midwife booking appointment, as for all women. Additional risk factors such as advanced age, medical problems or multiple pregnancy will require referral to the Consultant Obstetric clinic, irrespective of the means of conception.

2.2.2. Women who have conceived after assisted reproduction techniques should be managed as follows:

i. Ovulation induction and intrauterine insemination:

- Routine low risk midwifery care. A GTT should be performed at 26 weeks if PCOS underlies the requirement of fertility treatment.

ii. IVF, ICSI or PGD pregnancy:

- Consultant-lead care
- Care should be individualised according to any additional risks
- Growth scans are not routinely required because the additional risk has an odds ratio defined by the RCOG as 'minor'
- Offer induction of labour at 39+0 – 40+0 weeks gestation (NEW 2021) to avoid the small excess risk of late stillbirth. In the absence of additional risk factors this can be an outpatient induction of labour.
- Suitable for the Birth Unit if spontaneous labour at term or labours from induction of labour, where the indication is solely IVF, with no additional risk factors
- If delivery is declined, monitor in Day Assessment Unit, from the EDD, as per women who decline Induction of labour at term +12

3. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Referral of IVF, ICSI
Lead	Maternity Audit Lead
Tool	Review management of ten cases of IVF using the E3 database
Frequency	3 yearly
Reporting arrangements	Maternity Patient Safety Forum or Clinical Audit Forum
Acting on recommendations and Lead(s)	Deficiencies identified will be discussed at the Maternity Patient Safety Meeting / Clinical Audit Forum • An action plan will be developed • An action plan lead will be identified and a time frame agreed for the action • The action plan will be monitored by the Consultant Lead for Fetal Medicine
Change in practice and lessons to be shared	• A lead member of the forum will be identified to take each change forward where appropriate • Patient Safety Newsletter

4. Equality and Diversity

4.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the 'Equality, Inclusion & Human Rights Policy' or the Equality and Diversity website.

4.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Assisted Reproduction Pregnancy Clinical Guideline V2.0
This document replaces (exact title of previous version):	Assisted Reproduction of Pregnancy Clinical Guideline V1.0
Date Issued/Approved:	December 2021
Date Valid From:	January 2022
Date Valid To:	January 2025
Directorate / Department responsible (author/owner):	Mr Rob Holmes, Consultant Obstetrician and Gynaecologist Obstetrics and Gynaecology Directorate
Contact details:	01872 252730
Brief summary of contents:	Guideline for the Midwifery and Obstetric Management of pregnancy conceived after assisted reproductive treatments
Suggested Keywords:	Infertility, IVF, ovulation induction
Target Audience:	RCHT: Yes CFT: No KCCG: No
Executive Director responsible for Policy:	Medical Director
Approval route for consultation and ratification:	Maternity Guidelines Group
General Manager confirming approval processes:	Mary Baulch
Name of Governance Lead confirming approval by specialty and care group management meetings:	Caroline Amukusana
Links to key external standards:	None identified
Related Documents:	RCOG Scientific Impact Paper No. 8: In Vitro Fertilisation: Perinatal Risks and Early Childhood Outcomes. RCOG. May 2012.
Training Need Identified?	No

Information Category	Detailed Information
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet & Intranet
Document Library Folder/Sub Folder:	Clinical / Midwifery and Obstetrics

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
14 November 2018	V1.0	Initial Issue	Rob Holmes O&G Consultant
02 December 2021	V2.0	Timely review and update. Inclusion of IOL to be offered between 39+0 – 40+0	Rob Holmes Consultant Obstetrician

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity & Inclusion Team rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Assisted Reproduction Pregnancy Clinical Guideline V2.0
Directorate and service area:	Obstetrics and Gynaecology
Is this a new or existing Policy?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Rob Holmes
Contact details:	01872 252730

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	All midwives and obstetricians
2. Policy Objectives	Safe, high quality care for women who conceive after treatment with assisted reproductive treatments
3. Policy Intended Outcomes	Optimal outcomes for mother and baby for women who conceive after treatment with assisted reproductive treatments
4. How will you measure each outcome?	Compliance monitoring tool
5. Who is intended to benefit from the policy?	Women who are pregnant after assisted reproductive treatments

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	• Workforce: Yes • Patients/ visitors: No • Local groups/ system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	**Please record specific names of individuals/ groups:** Maternity Guidelines Group Obs and Gynae Directorate
6c. What was the outcome of the consultation?	Guideline agreed
6d. Have you used any of the following to assist your assessment?	**National or local statistics, audits, activity reports, process maps, complaints, staff or patient surveys:**

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	
Marriage and civil partnership	No	

Protected Characteristic	(Yes or No)	Rationale
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Leann Morris, Audit Midwife

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
Section 2. Full Equality Analysis