Royal Cornwall Hospitals
NHS Trust

Antenatal Booking and Risk Assessment Clinical Guideline

V4.0

October 2025

1. Aim/Purpose of this Guideline

1.1. This guideline gives guidance to midwives on how to book a pregnant woman, instigate the appropriate Antenatal Care Pathway and the information needed to be given to pregnant women/people throughout their pregnancy.

1.2. This guideline explains how an ongoing risk assessment and discussion regarding place of birth should happen at every antenatal contact.

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

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

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

The Trust has a duty under the Data Protection Act 2018 and UK 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 UK 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 UK 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. **Initial contact**

2.1.1. Women may self-refer directly to the maternity service or be signposted by other agencies or services.

2.1.2. When arranging the initial appointment, inform women/people (service users) of the existence of personal electronic notes.

2.1.3. Ask women if they have arranged access to their electronic records. If they have not, encourage people to complete the online self-referral form or offer to complete this with them if this support is needed (New 2025). Provide the contact number for the midwifery IT team (01209 881888 Monday-Friday 09:00 - 17:00) explaining that a personal e-mail address will be needed to commence their electronic records.

2.1.4. Advise that once the records have been created the women/people and their partner can complete the personal and medical history prior to their first appointment with the Community Midwife.

2.1.5. The midwifery IT team will direct the women/people to the leaflet “Screening tests for you and your baby” on the early pregnancy section of the e-notes information section: pages 4-35 should be read prior to the Community Midwifery appointment.

2.1.6. Women should be offered early pregnancy health and wellbeing information before the first (booking) appointment. This should include information about modifiable factors that may affect the pregnancy, including stopping smoking, avoiding alcohol, taking supplements, and eating healthily. Materials should be made available in different languages, in a printed, digital, braille and easy read format. If this is required, call the General Office 01872252690.

2.1.7. It is recommended that pregnant and breastfeeding mothers take a daily vitamin D supplement of 10 micrograms (mcg) / 400 units (IU).

2.1.8. Advise women to take Folic Acid 400mcg throughout the first 12 weeks of pregnancy. If they have a higher chance of neural tube defects, advise to take a higher dose of folic acid (5 milligrams). Dosage does not need to be increased for a raised BMI, as per NICE Guidance (New 2025).

2.1.9. Ensure that women are supported and involved in the planning and decision-making process about their care, people with additional needs may require physical support to complete forms including their personalized care and support plan (PCSP).

2.1.10. Offer a first antenatal (booking) appointment with a midwife to take place by 10+0 weeks of pregnancy to ensure there is sufficient time to make an appointment for the 12-week scan and timely screening if accepted. Please refer to the relevant guidelines.

2.1.11. A face-to-face booking appointment must be undertaken.

2.1.12. If women contact or are referred to maternity services later than 9+0 weeks of pregnancy, offer a first antenatal (booking) appointment to take place within two weeks if possible.

2.1.13. If the woman presents for the first time >20 weeks gestation, please follow the Concealed Pregnancy and Late Booker Clinical Guideline (cornwall.nhs.uk).

2.1.14. At all contacts, the handheld notes and electronic records should be thoroughly reviewed and completed contemporaneously at the relevant sections.

2.1.15. The woman will be given details of the 24-hour Maternity Triage Line for all pregnancy-related concerns. Women/people will also be given the email contact details for the local community midwifery team for administrative queries only.

2.1.16. Under no circumstances should the pregnant person be given mobile contact numbers for their named midwife.

2.2. Women/people with Additional Needs and/or Vulnerabilities

2.2.1. People meeting the Core20Plus5 Criteria should be considered for the Wren continuity of care midwives' caseload. (New 2025).

2.2.2. Women should be provided with information in different formats as required. Offer additional or longer antenatal appointments if needed, depending on the woman/person's medical, social, and emotional needs.

2.2.3. The learning disabilities team can provide advice and support if any learning needs for either parent are identified.

2.2.4. Refer to Interpreting services | Intranet - Royal Cornwall Hospitals Trust for information about arranging a face to face or telephone interpreter as required. Reliance on family members to translate is not appropriate.

2.2.5. As part of ongoing risk assessments, a Wren referral may be considered alongside mental health or specialist support service.

2.2.6. Please ensure you have a lower threshold to review, admit and consider MDT escalation in women from Black, Asian, and Minority Ethnicity. Ensure that you record the ethnicity as well as other risk factors such as living in deprived area. Give additional support regarding immunisations and antenatal and new-born screening, sensitively addressing beliefs about immunisations.

2.3. Booking Appointment

2.3.1. Initial Risk Assessment

2.3.1.1. Every woman/person should have a named midwife within the community midwifery team which should be on the electronic record and updated as required.

2.3.1.2. Confirm that the woman has received all the pre booking information. For every recommendation, ensure full explanation is given to the woman regarding reasons for recommending, what it entails, and how this may influence their care pathway. Consider using the BRAIN tool as appropriate to aid discussions, and document informed consent within the handheld records. The pregnant person can document their decisions in the timeline of care in the PCSP to support informed choice.

2.3.1.3. Offer screening as per 2.3.2.

2.3.1.4. Fully complete the antenatal section within the handheld and electronic notes, including all risk assessments.

2.3.1.5. Recommend taking a booking blood pressure electronic blood pressure monitors are preferable, validated for pregnancy and pre-eclampsia.

2.3.1.6. A dipstick urinalysis should be offered to all women. Midstream urinalysis (MSU) should only be sent if indicated on dipstick test.

2.3.1.7. All women who are risk assessed as intermediate or high risk for preterm birth should have a booking MSU sent regardless of dipstick test result. (please refer to preterm birth risk assessment in handheld notes).

2.3.1.8. Recommend vaccinations against flu, RSV, pertussis and covid, give and direct to written information and advice regarding when, where and how to access these. If giving any vaccination, remember to document this on the Record a vaccination (RAV) system. (New 2025).

2.3.1.9. The Fetal Growth Restriction Risk assessment should be undertaken at booking and women assigned to 'Low', 'Moderate', 'High' and 'Other' categories as per Appendix 4 in Fetal Growth Restriction - Risk assessment, prevention, surveillance and management of pregnancies at risk of, Clinical Guideline (cornwall.nhs.uk). This should be documented on Maternity electronic record and in the handheld notes. The booking midwife is responsible for booking the growth scans at the time of booking following our local guidance.

2.3.1.10. Undertake the Aspirin assessment (appendix 3, Fetal Growth Restriction - Risk assessment, prevention, surveillance and management of pregnancies at risk of, Clinical Guideline (cornwall.nhs.uk) and if risk factors identified, signpost to information about why it is recommended and advise that they will be issued with aspirin at their 12-week scan appointment. AspirinToPreventPreEclampsia.pdf.

2.3.1.11. Assess the woman's risk factors for gestational diabetes, and, if at risk, offer referral for an oral glucose tolerance test at booking if previous GDM or between 24+0 weeks and 28+0 weeks with other risk factors in line with Gestational Diabetes Clinical Guideline (cornwall.nhs.uk).

2.3.1.12. Recommend taking bloods for Thyroid Function Test (TFT) with the booking bloods for those with known thyroid conditions. Check results within 72 hours and if TFT is abnormal then inform the patient's GP. The patient should also be offered referral to area consultant.

2.3.1.13. Recommend that the woman's weight and height measurements and their Body Mass Index (BMI) are calculated and recorded. Explain to the woman/person the benefits of an accurate BMI. This will no longer be repeated at the 12-week scan. Refer to the Increased Body Mass Index (BMI) in Pregnancy, Labour and Post Delivery Clinical Guideline (cornwall.nhs.uk).

Generate the customized GROW chart and book appropriate growth scans at booking. (New 2025) if this fails, please read or copy the message you receive and inform Mat IT who can investigate this for you. Do not ignore this.

2.3.1.14. Recommend Carbon monoxide (CO) monitoring for all women/people and advise continued monitoring at each contact. Utilise 'Very Brief Advice' with 'Each Contact Counts' (NCSCT 2020). If the CO reading is raised (≥4 part per million (ppm) or above), explore the likely reason for the raised level and discuss the ways CO can enter her system, e.g. Smoking/second-hand smoking, shisha use or environmental factors. If a reason cannot be ascertained the woman should be advised to call free Health and Safety Executive Gas Safety advice line on 0800 300 363 and the 'Raised CO in a Pregnant Non-Smoker Pathway' (appendix 5) should be followed.

2.3.1.15. Record if the woman smokes or has stopped smoking within the past 2 weeks and refer to the Treating Tobacco Dependency Team via E3. This is an in house opt out referral. It should also be asked and documented if anyone in the household smokes and reassessed at each contact. These household members can be signposted to self-refer to Healthy Cornwall stop smoking service Available Support to quit smoking - Healthy Cornwall or calling 01872 324200.

2.3.1.16. VTE risk assessment should be completed at the first antenatal booking appointment, at each contact as part of the ongoing risk assessment, and at any hospital admission or significant health event during pregnancy and referral made if intermediate or high risk.

2.3.1.17. The woman's view on the use of blood products must be recorded and a referral made to the Specialist Anaesthetist Clinic if they intend to decline blood products.

2.3.1.18. Risk assess for risks for pre-term birth and refer to the prem-prevention clinic as required.

2.3.1.19. Women should be informed of the midwifery-led and obstetric-led pathways at booking.

2.3.1.20. The 'choosing where to have your baby' page in the Personalised Care Plan (PCP) should be reviewed (New 2025).

2.3.1.21. If women are on the midwifery-led pathway and wish to explore their options further with an Obstetrician, this should be facilitated.

2.3.1.22. Record the Lead Professional in all records – in the handheld notes and on the electronic record. Review this at every contact as part of the individualised and ongoing risk assessment.

2.3.1.23. Enquiry should be made about drug or alcohol use, use Alcohol use disorders identification test for consumption (AUDIT C) (publishing.service.gov.uk) to screen for excessive alcohol consumption. Where drug and/or alcohol use is disclosed, a referral should be made to 'We Are With You' and to the team consultant. This should be documented in the electronic patient record. Consider initiating Safeguarding procedures (see Alcohol and Substance Use in Pregnancy, Labour and Post Delivery Clinical Guideline). Utilise 'Very Brief Advice' with 'Each Contact Counts' (NCSCT 2020).

2.3.1.24. Ask the woman/person about domestic abuse at the first antenatal (booking) appointment, or at the earliest opportunity when she is alone. Ensure that there is an opportunity to have a private, one-to-one discussion throughout pregnancy.

As the booking midwife, ensure you have recorded:

- The woman/persons full history including - Medical, obstetric, and family history (of both biological parents if known).
- Previous or current mental health concerns, psychological trauma, or psychiatric treatment. Consider using PHQ9 and GAD7 scoring system and referral to Wren or PNMH.
- Current and recent medications including health supplements and herbal remedies.
- Allergies.
- Occupation and discuss risks and concerns.
- Family and home situation; other people who may be involved in the care of the baby, contact details for partner and/or next of kin which should be reviewed for accuracy if details remain from a previous pregnancy.
- Discuss factors such as diet and nutrition, physical activity, smoking and tobacco use, alcohol consumption and recreational drug use (NICE 2021).

2.3.1.25. Refer appropriately when a risk has been identified as per

appendix 3. A list to guide when obstetric referrals are indicated are in the handheld notes.

2.3.1.26. Discuss female genital mutilation (FGM). Take appropriate action in line with UK government guidance on safeguarding women/people and girls at risk of FGM, and the 'Female Genital Mutilation/Cutting (FGM/C) Obstetric Clinical Guideline'.

2.3.1.27. The women/people's lifestyle and social history should be thoroughly explored at the booking appointment. This should include potential current and historic involvement with social care. This exploration of the history should also include that of any significant members of their support network, including any care packages for children of either parent. If any safeguarding concerns are identified, follow the Safeguarding Children Maternity Clinical Guideline (cornwall.nhs.uk).

2.3.1.28. The woman's GP record should be requested via the 'Accurx' system (Accurx | The simple way to communicate about patient care) during the booking appointment, for instructions on the use of Accurx, (see appendix 4). The woman will need to provide an 'access code' which they will receive by text to enable this, the access is time limited, therefore a copy should be downloaded and attached to their electronic record. If a woman does not consent then, ensure they are aware of why we complete this check and document clearly the decline. Consider risk factors and low threshold for MARU referral (New 2025).

2.3.1.29. The GP record should be reviewed for medical conditions, medicines prescribed, and social concerns and the appropriate action taken, if more information is required a message can be sent to the GP via 'Accurx' (New 2025).

2.3.1.30. At the end of the booking appointment the midwife should ensure that the woman/person has contact telephone numbers for the service, a plan of care and is aware of when their next appointment should take place. Handheld notes are given to the woman at this time.

2.3.2. **Antenatal Screening**

2.3.2.1. Complete the Family Origin Questionnaire in full for haemoglobinopathy screening, inquiring for the past 3 generations of both parents.

2.3.2.2. At booking offer to take bloods for ABO Group, Full Blood Count, Rhesus factor, HIV, Hepatitis B and Syphilis (1 of each bottle pink, purple and buff). If unable to obtain blood samples and referring the woman to another practitioner, it is the midwife's responsibility to follow up the woman/person's blood results within ten days and document these on the electronic record. Please refer to Screening for Haemoglobinopathies in Pregnancy Clinical Guideline (cornwall.nhs.uk) and Infectious Diseases in Pregnancy Clinical Guideline (cornwall.nhs.uk).

2.3.2.3. Offer NIPT testing to Rhesus negative women in line with Anti-D Immunoglobulin (Anti–D) for the Prevention of Haemolytic Disease of the Fetus and Newborn Clinical Guideline.

2.3.2.4. When a household contact with Hep B is identified prior to delivery (for example at booking) please refer to the Hepatitis B Vaccination Neonatal Clinical Guideline (cornwall.nhs.uk). A Hep B household notification letter, located at TR11/midwives/screening/infectious diseases, must be sent.

2.3.2.5. Women should be offered a 12-week scan following the booking appointment to take place between 11+2 – 14+1 weeks to determine gestational age and detect multiple pregnancy. Please refer to the Screening for Fetal Anomaly in the 1st Trimester and 2nd Trimester Clinical Guideline (cornwall.nhs.uk).

2.3.2.6. Women should be offered a further ultrasound scan to take place between 18+0 – 20+6 weeks to screen for fetal anomalies and determine placental location. Refer to Fetal Abnormality Communication Clinical Guideline (cornwall.nhs.uk).

2.3.2.7. If the woman/person opts for screening, this should be clearly documented on the booking section of the electronic notes. The decision to have the test therefore has to be made prior to booking the dating scan.

2.3.2.8. The screening team should be informed of any woman declining screening by 20 weeks.

2.3.3. **The Personalised Care and Support Plan (PCSP)**

2.3.3.1. The PCSP should be given prior to booking, either in paper or electronically and an explanation given as to its use.

2.3.3.2. At the booking appointment the named midwife should further explain how it can be used and that it can be facilitated by all healthcare professionals.

2.3.3.3. It should then be used at every contact in conjunction with the green notes, to facilitate discussion around choice and options.

2.4. Antenatal Birth Planning Choices

2.4.1. Discussions throughout pregnancy should include the choices for place of birth, the initial thoughts of the woman/person, and the outcome of the on-going risk assessment in relation to place of birth. This will be reviewed at every contact. Options for place of birth include; home, stand-alone birth centers (Penrice, Helston, Isles of Scilly), alongside birth center, or obstetric-led delivery suite.

2.4.2. Routine antenatal care will not include a specific appointment for a birth plan, women/people should be encouraged to attend antenatal education and be empowered to create their own 'birth plan' if desired which can be reviewed by the midwife.

2.4.3. Discussion should include the following (NICE 2014 CG190)

For nulliparous women/people with no identified risk factors receiving Obstetric-led Intrapartum Care: birthing in a midwifery-led unit is suitable because the rate of interventions is lower and the outcome for the baby is no different compared with an Obstetric unit. Planned birth at home is associated with a small increase of an adverse outcome for the baby. The rate of transfer to the obstetric unit is 36-45%.

For multiparous women/people with no identified risk factors receiving Obstetric-led Intrapartum Care: planning to give birth at home or in a midwifery-led unit (stand-alone or alongside is particularly suitable because the rate of interventions is lower and the outcome for the baby is no different compared with an obstetric unit. The rate of transfer to the obstetric unit is 9-13%.

2.4.4. The woman/person should be informed that the recommended place of birth may change as clinical needs change.

2.4.5. Women/people should also be informed that there is a possibility that their first choice of place of birth may not be accommodated if activity is high at the time of their labour.

2.4.6. For any discussion about Birth Outside of Guidelines, please refer to Maternity Birth Choices Outside of Guidelines at RCHT Clinical Guideline (cornwall.nhs.uk).

2.5. On-going antenatal care

2.5.1. Women/people with uncomplicated pregnancies should be informed of the NICE antenatal appointment schedule.

2.5.2. Primigravida women/people: minimum of ten appointments, exclusive of scans.

2.5.3. Multigravida women/people: minimum of seven appointments, exclusive of scans.

2.5.4. At least one appointment during the perinatal period should be at the home address.

2.6. **At ALL contacts**

2.6.1. Pregnant women/people should be offered information based on current evidenced based practice together with emotional support to enable them to make informed decisions about their care. Information should include where the appointment will be undertaken and who will undertake their care. Following an informed decision-making process, the woman/person's decision must be respected and documented as per the Informed decision-making SOP. Every pregnant person should have a risk assessment at every contact and should know what their choice is for place of birth. They should also know what pathway they are on and why.

2.6.2. Complete a full antenatal assessment and record in the electronic records.

2.6.3. Offer and complete blood pressure using an electronic blood pressure machine appropriate for pregnancy and pre-eclampsia, urinalysis and CO reading, offer/discuss vaccination for flu, pertussis if not already given. Refer to the vaccination team for RSV vaccination.

2.6.4. The needs of each woman/person should be reassessed at each appointment, consistent information with clear explanations should be given and women/people should have the opportunity to discuss and ask questions.

2.6.5. Topics should include:

- Ask about general health and wellbeing.
- Ask if there are any concerns they would like to discuss.
- Provide a safe environment and opportunities to discuss topics such as concerns at home, domestic abuse, concerns about the birth, or mental health concerns.
- Ask routine enquiry, asking if they feel safe at home and whether they have any concerns about domestic abuse.
- Identify those who may require additional care (NICE 2021).

Ensure you give opportunities to discuss the following:

- How the baby develops during pregnancy.
- What to expect at each stage of pregnancy.
- Physical and emotional changes.
- Mental health during pregnancy.
- Relationship changes during pregnancy.
- How the woman/person and partner can support each other.

- Immunisations for flu, pertussis, and refer to the vaccination team for RSV vaccine.
- Infections that can impact om the pregnancy and birth (i.e., Group B streptococcus, herpes simplex, and cytomegalovirus).
- Reducing the risk of infections i.e., Handwashing.
- Safe use of medicines health supplements, and herbal remedies.
- Resources and support for expectant and new parents.
- How to call the 24/7 maternity triage line for any pregnancy related concerns (01872258000). (NICE 2021).

2.6.6. At each contact, risk assess the criteria for triggering a referral to an obstetrician, anesthetist, or other specialist clinic.

2.6.7. At every antenatal contact, the midwife will be prompted to review the risk assessment and the choice of place of birth and update any changes following full discussion.

2.6.8. Inform the woman/person of their antenatal screening results, considering whether a QUAD test is required. Document the results of all the screening tests in all records.

2.6.9. At the 16 weeks midwife appointment discuss fetal movements and what actions they should take if they have concerns. Give the woman the Tommy's leaflet. Available to download in multiple languages from Leaflet and banner: Feeling your baby move is a sign that they are well | Tommy's (tommys.org) midwife appointment. Continue to discuss fetal movements at every antenatal contact and recorded in the maternity notes.

2.6.10. Regularly promote antenatal classes/ informative web pages and team specific sessions. Encourage women/people to sign up to Maternity natters and engage with the ePHR to access information and leaflets.

2.7. **At 16 weeks**

2.7.1. **Accept the 12-week scan which will then automatically update the EDD. (New 2025).** Update the GROW chart if needed when prompted (automated through the system but you have to consent to the changes proposed agree to the updating). If not accepted, the EDD and gridlines wont update on the GROW chart. Training will be given.

2.7.2. NICE no longer recommends auscultation of the fetal heart during routine antenatal appointments. Auscultation of the fetal heart may confirm that the fetus is alive but is unlikely to have any predictive value. Emphasise the importance of monitoring fetal movements as the best way to ascertain fetal wellbeing. If auscultation is requested, this needs to be discussed and documented.

2.8. **At 25-28 weeks**

2.8.1. The fundal height measurement should be measured at each antenatal appointment after 25 weeks (no more than every 2 weeks) for primiparous women/people unless they are receiving regular growth scans, and the Fetal Growth Restriction - Risk assessment, prevention, surveillance and management of pregnancies at risk of, Clinical Guideline (cornwall.nhs.uk) or the Large For Gestational Age/Suspected Fetal Macrosomia Clinical Guideline (cornwall.nhs.uk) should be followed as applicable.

2.8.2. Ensure that all women have received the Tommy's leaflet regarding fetal movements (see 2.6.9).

2.8.3. A GTT should be offered if indicated follow the Gestational Diabetes Mellitus Clinical Guideline (cornwall.nhs.uk).

2.8.4. Complete electronic referral to the health visitor identifying any risk factors which would indicate enhanced care.

2.8.5. At 28 weeks recommend taking blood samples for Blood group, Antibody Screening and Full Blood Count (NICE 2021).

2.8.6. If Anti D is required, this should be given at or around 28 weeks.

2.9. **At 34 weeks**

The woman/person should be signposted to relevant information to consider their birth choices prior to the 36-week appointment, and the PCSP should be used.

2.10. **At 36 weeks**

2.10.1. Offer abdominal palpation at all appointments after 36+0 weeks to identify a possible breech presentation for those with singleton pregnancies. If breech presentation is suspected on abdominal palpation, offer an ultrasound scan to determine the presentation. Refer via Fetal Medicine (NICE 2021).

2.10.2. **Antenatal Birth Planning**

2.10.2.1. Birth planning discussions for mode and place birth, and risk assessments should be ongoing throughout the pregnancy with access to appropriate information. This should include discussions on IOL and maternal request elective caesareans. These discussions should be supported by information available on the RCHT and RCOG websites considering-a-caesarean-birth-patient-information-leaflet.pdf (rcog.org.uk).

2.10.2.2. Discuss fetal monitoring options and document the discussions and decisions in her PCSP.

2.10.2.3. The 36-week appointment will enable a more in-depth discussion of preferences and choices.

2.10.2.4. Women/people who chose to birth at home should have a risk assessment and a home visit by a midwife. This includes assessment of access and adequate telephone communications/adequate mobile network coverage and put a plan in place to alleviate concerns. Please refer to the Midwifery Led Pregnancy Care and Community Birth Clinical Guideline (cornwall.nhs.uk).

2.11. **From 39 weeks**

2.11.1. At appointments after 39 weeks - all women/people should be offered a membrane-sweep as part of the induction of labour (IOL) care pathway (direct to relevant information and refer to Induction of Labour Clinical Guideline (cornwall.nhs.uk)). Routine appointments would be at 40 weeks in a first pregnancy and 41 weeks in subsequent pregnancies.

2.11.2. Offer IOL from 41+0 at the antenatal appointment preceding 41+0 (39 weeks for multips and 40 weeks for primips). If a patient plans to accept the IOL it can be booked at this point. If they plan to decline, a USS should be booked at this point.

2.12. **From 41 weeks**

Offer induction of labour referring to the Induction of Labour Clinical Guideline (cornwall.nhs.uk).

2.13. **Additional Information**

2.13.1. Any discussion and provision of information throughout the pregnancy should be recorded in all records in accordance with Trust documentation standards.

2.13.2. Any change of lead professional should be clearly communicated to the woman/person and documented in all records. If, following Obstetric review, the woman/person is transferred back to Midwifery Led Care, this should be communicated to the woman/person and documented in their all records.

2.13.3. Following an obstetric or anaesthetic assessment a management plan will be clearly documented in all records.

2.13.4. Every contact on the electronic record should be completed in full, to obtain a green tick, as this allows the woman/person to view their records electronically.

3. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	The audit will take into account record keeping by midwives performing the antenatal booking: **Booking appointments** 1. Was the woman/person offered an appointment by 10+2 weeks? 2. Was dipstick analysis performed and MSU sent if indicated? 3. Was the woman's GP record attached to the electronic system in this pregnancy? **Clinical risk assessment (antenatal)** 4. Was the initial risk assessment completed at the time of booking? 5. If a referral was required to an obstetrician was this documented? 6. If a referral was required to a specialist clinic was this documented? 7. Was urinalysis offered at each antenatal appointment? 8. Was blood pressure offered at each appointment? 9. Was palpation offered at 36-week appointment?
Lead	Audit Midwife with support from the community matron and team leaders.
Tool	Adherence will be monitored as part of the ongoing audit process within the department on a Word or Excel template specific to the topic.
Frequency	Every three years or earlier if indicated following an incident.
Reporting arrangements	Clinical Audit Review Team.
Acting on recommendations and Lead(s)	• Any deficiencies identified on the annual report will be discussed at the Maternity Patient Safety Forum and/or Clinical Audit Forum and an action plan developed. • Action leads will be identified and a time frame for the action to be completed. • The action plan will be monitored by the Maternity Patient Safety Midwife.

Information Category	Detail of process and methodology for monitoring compliance
Change in practice and lessons to be shared	• Required changes to practice will be identified and actioned within a time frame agreed on the action plan. • A lead member of the forum will be identified to take each change forward where appropriate. • The results of the audits will be distributed to all staff through the Patient Safety Newsletter/Audit Forum as per the action plan.

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 Diversity And Inclusion 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:	Antenatal Booking and Risk Assessment Clinical Guideline V4.0
This document replaces (exact title of previous version):	Antenatal Booking, Antenatal Care and Information Clinical Guideline V3.3
Date Issued/Approved:	October 2025
Date Valid From:	October 2025
Date Valid To:	October 2028
Directorate / Department responsible (author/owner):	Samantha Gale, Community Matron
Contact details:	01872 252684
Brief summary of contents:	Guidance to midwives on: how to book a pregnant woman/person; instigate the appropriate Antenatal Care Pathway and the information needed to be given to pregnant women/people throughout their pregnancy.
Suggested Keywords:	Pregnancy, booking, antenatal, care, leaflets, information, Vitamin, induction, IOL, notes, primigravida, multigravida, multip, primip, screening, bloods, scan, nuchal, Edward's, Patau's, PCP, Wren.
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
Links to key external standards:	None required.

Information Category	Detailed Information
Related Documents:	Concealed or Denied Pregnancy and Late Booking for Maternity Care Clinical Guideline (cornwall.nhs.uk). Management of Hypertensive Disorders of Pregnancy Clinical Guideline (cornwall.nhs.uk) . Gestational Diabetes Mellitus Clinical Guideline (cornwall.nhs.uk). Increased Body Mass Index (BMI) in Pregnancy, Labour and Post Delivery Clinical Guideline (cornwall.nhs.uk). Alcohol and Substance Use in Pregnancy, Labour and Post Delivery Clinical Guideline (cornwall.nhs.uk). Female Genital Mutilation/Cutting (FGM/C) Obstetric Clinical Guideline (cornwall.nhs.uk). Safeguarding Children Maternity Clinical Guideline (cornwall.nhs.uk). Fetal Abnormality Communication Clinical Guideline (cornwall.nhs.uk). Maternity Choices Outside of Guidelines at RCHT Clinical Guideline (cornwall.nhs.uk). Fetal Growth Restriction - Risk assessment, prevention, surveillance and management of pregnancies at risk of, Clinical Guideline (cornwall.nhs.uk). Large For Gestational Age/Suspected Fetal Macrosomia Clinical Guideline (cornwall.nhs.uk). Midwifery Led Pregnancy Care and Community Birth Clinical Guideline (cornwall.nhs.uk). Induction of Labour Clinical Guideline (cornwall.nhs.uk). 'Antenatal Care' NICE, August 2019.
Training Need Identified?	No.
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet.
Document Library Folder/Sub Folder:	Clinical / Midwifery and Obstetrics.

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
2003	V1.0	Initial issue.	Joint guideline between Cornwall and IOS PCT
June 2009	V1.1	Amended to RCHT only document.	Theresa Williams and Chris Edwards, Supervisor of Midwives, RCHT
December 2009	V1.2	Updated in line with national recommendations, NICE ante natal care.	Theresa Williams and Chris Edwards, Supervisor of Midwives, RCHT
Unknown	V1.3	Updated to include, VTE, mental health and BMI risk assessment and include compliance monitoring.	Theresa Williams and Chris Edwards, Supervisor of Midwives.
September 2015	V1.4	Updated in line with changes to 2015 handheld notes, including; Edward's and Patau's screening, Ordering Anti D at 16 weeks.	Jane Rowe, Community Midwife
November 2016	V1.5	**Added Appendices:** Midwife HV/FNP Handover Pathway, Referral of Young Parents to Cornwall Council's young parents service, for additional support and information, Early Help Hub Request for Help, Initial Midwife to Family Nurse Partnership.	Teresa Philip, Community Matron. SJ Pedler, Practice Development Midwife. Helen Ettle, Community Team Leader.
April 2018	V1.6	2.3.2 and 2.5 and 2.10 updates, see New 2018.	Trudie Roberts, Community Matron. Clare Sizer, Patient Safety Midwife.
April 2018	V1.7	Removal of 2 appendices.	SJ Pedler Practice development Midwife
July 2019	V2.0	Addition of referral process for women/people who book with Thyroid concerns.	SJ Pedler, Practice development Midwife

Date	Version Number	Summary of Changes	Changes Made by
January 2020	V2.1	Overview to reflect introduction of electronic system E3.	Trudie Roberts, LMS Midwife and Community team leaders
November 2020	V2.2	Addition of 2.4. Covid-19 risk factors.	Angela Bellamy, Deputy Head of Midwifery
June 2021	V2.3	Include PCP and Wren team referrals.	Sarah Harvey-Hurst, Maternity Matron
November 2021	V2.4	Benchmarked and updated to NICE Antenatal Care Guideline: 19/08/2021.	Laura Hamblin, Truro Birth Centre Manager
December 2022	V3.0	Full review and update, benchmarked against NICE Antenatal Care Guideline. All amendments are labelled 'New 2022' within the document. New Trust document template applied.	Rachel Hawkey, Delivery Suite coordinator. Nicola Burnett, MVP Chair, Lizzie Anstey, Community Team Leader.
February 2023	V3.1	Addition of references to household contact with Hep B.	Ruth Naunton, Screening Lead Midwife.
November 2023	V3.2	Additions of 2.1.11,2.1.16, 2.3.1, 2.3.7, 2.3.9, 2.3.15, 2.4.2, 2.6.3, 2.6.9,2.10.2. Full update of section 2.2 and removal of 'Covid 19 risk factors' and 'involving partners' sections.	Catherine Wills, DS Coordinator / Maternity Guidelines Midwife
March 2025	V3.3	Additions in relation to online systems for access to vaccination records and GP records including addition of appendix 4 'Accessing and Viewing Patient GP Record on AccuRx Platform'.	Lizzie Anstey, Community Team Leader
October 2025	V4.0	Full update including additions regarding changes in process at The Hub, Grow chart being generated at booking and aspirin being prescribed under PGD. Addition of CO pathway appendix.	Sam Gale, Community matron.

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust The Policy on Policies (Development and Management of Knowledge Procedural and Web Documents Policy). It should not be altered in any way without the express permission of the author or their Line Manager.

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, and Inclusion Team rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Antenatal Booking and Risk Assessment Clinical Guideline V4.0
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):	Samantha Gale, Community Matron
Contact details:	01872 252684

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)	To give guidance to midwives on: how to book a pregnant woman/person, instigate the appropriate Antenatal Care Pathway and the information needed to be given to pregnant women/people throughout their pregnancy.
2. Policy Objectives	To ensure women/people receive antenatal care in line with national NICE guidance, in a timely manner and ensure appropriate birth choices.
3. Policy Intended Outcomes	Best possible outcome for a pregnant woman/person with improved patient experience.
4. How will you measure each outcome?	Compliance Monitoring Tool.
5. Who is intended to benefit from the policy?	All pregnant women/people.

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.
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:** No.

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: Lizzie Anstey, Community Team Leader.

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

Appendix 3. Referrals

Diabetic Specialist Midwife – 01872 253199 - rcht.diabetesmidwives@nhs.net

Anaesthetic Clinic/Blood products Clinic electronic referral or email rcht.obs_anaesthesia_rcht@nhs.net If needs vetting by anaesthetist email rcht.obstetricanaesthesia@nhs.net.

Maternal Medicine Clinic – Refer via Wren referral email or Maxims.

Prematurity Prevention Clinic –rcht.prempreventionclinic@nhs.net.

Obstetric Referral - Electronic via E3 or email; rcht.obstetricbooking@nhs.net (New 2022).

VTE clinic – rcht.vtemidwifeenquiries@nhs.net – electronic referrals can be completed at booking or in any antenatal check.

Pelvic Health - rcht.pelvichealthclinic@nhs.net.

Screening - rch-tr.screening@nhs.net.

Genetics – complete referral form (TR11-Midwives-Screening-Referral Forms) and send to rde-tr.PCGreferrals@nhs.net.

Birth Reflections - rcht.birthreflections@nhs.net.

Perinatal Mental Health – Electronic via E3

WREN – Referral from on TR11 (must have PHQ and GAD score for them to accept), email to rcht.wren.referrals@nhs.net.

MARU – copy maternity safeguarding into MARU referral and email to multiagencyreferralunit@cornwall.gov.uk.

Safer Futures – You can refer, or women can self-refer – call 0300 777 4777 or go to the website.

WILD – electronic via E3.

Health Visitor queries – coco.childrenscmc@nhs.net.

Smoking Cessation – Electronic via E3.

We Are With You – Electronic via E3.

Infant feeding team – Email rcht.infantfeedingteam@nhs.net.

Ultrasounds Scans

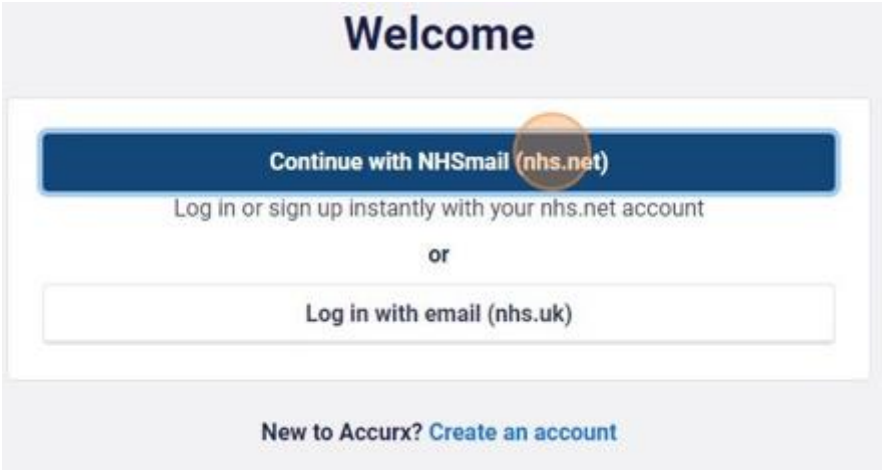
Growth series – Maxims.

Static Growth or Presentation – Fetal Medicine.

Appendix 4. Accessing and Viewing Patient GP Record on AccuRx Platform

1 Navigate to https://web.accurx.com/login?next=%2Fpatients%2Fsearch.

2 Click "Continue with NHSmail (nhs.net)".

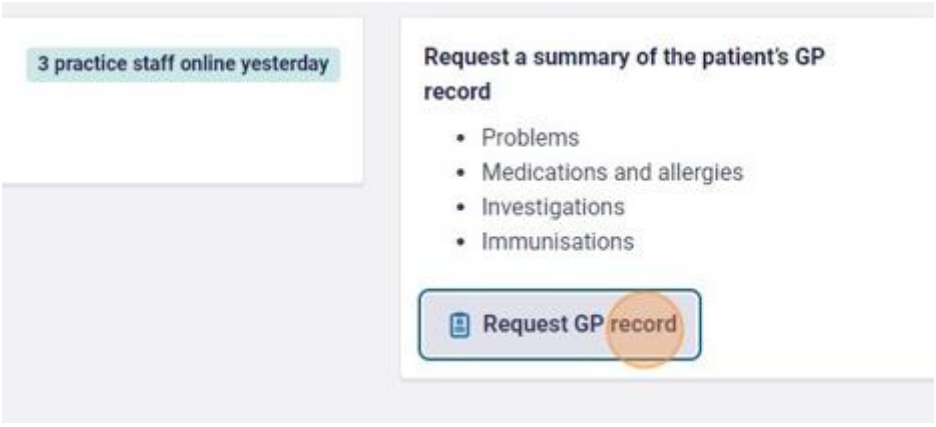


3 Click the "NHS number" field.

4 Click and fill in the "Date of birth" field.

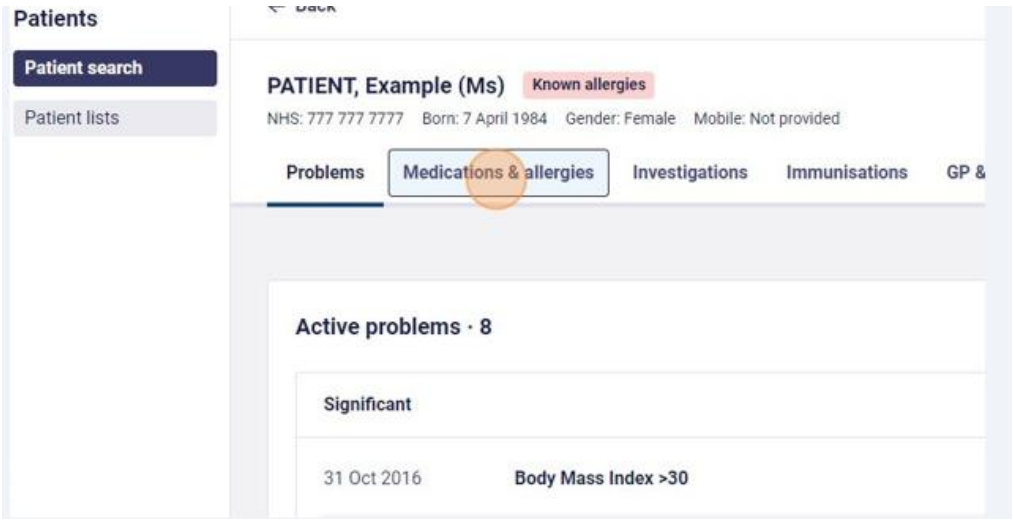
5 Click this icon to search for your patient.

6 Once in the patient's record - Click "Request GP record".



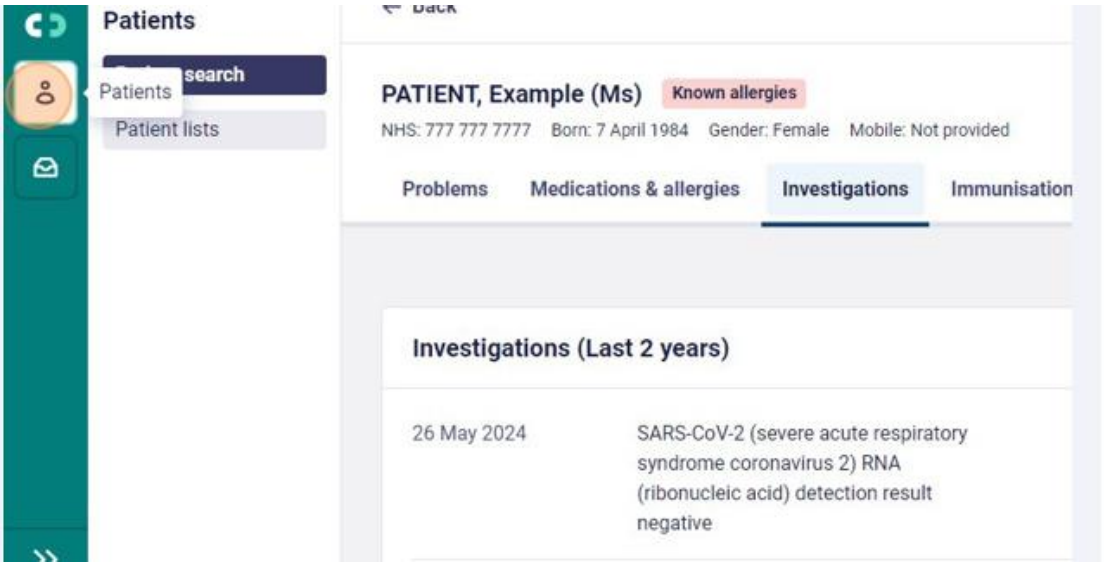
7 Click "View record" - with a real patient this will generate a one-time permission code that is sent to the patient which they will need to give you to access.

8 Once you have been granted access you can navigate around their record, view "Medications and allergies".



9 View currently prescribed medication.

10 Or view previous investigations.



Appendix 5. RCHT Raised CO in a Pregnant Non-Smoker Pathway

CO reading < 4 ppm.

Normal result. Record in notes and continue routine CO screening as per NICE guidance.

GAS EMERGENCY NUMBER: 0800 111 999

CO reading between 4 and 10 ppm.

Discuss signs of CO poisoning and second hand smoke exposure, and explore sources of CO as per NICE. Give gas emergency number.

Repeat CO screening in one week.

If reading remains > 4 ppm - refer for obstetric review and decision on further monitoring. Repeat CO screening at every contact.

<2.2% (normal) – advise patient to see GP for a lactose intolerance test and cut out lactose for 3 days before repeat CO testing.

CO reading > 10 ppm.

Clinician review: observations taken, assess for symptoms of CO poisoning.

No symptoms of CO poisoning.

Showing symptoms of CO poisoning.

Commence facial O2 immediately. COHb taken by midwife for venous blood gases via heparinised syringe.

>2.2% (abnormal) - home gas safety test immediately, refer to for obstetric review with input from medical team for decision on further monitoring.