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 throughout their pregnancy.

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

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

The Trust has a duty under the DPA18 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 can’t rely on Opt out, it must be Opt in.

DPA18 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the DPA18 please see the ‘information use framework policy’, or contact the Information Governance Team rch-tr.infogov@nhs.net

2. **The Guidance**

2.1. Pregnant women 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.

2.2. **Initial contact**

2.2.1. Women may self-refer directly to the maternity service or be signposted by other agencies or services. When a referral is received, an appointment is made with the woman’s named midwife to ensure that her booking visit and completion of handheld notes is achieved by 12 weeks of pregnancy. Ideally the woman should have her booking appointment between 8-10 weeks of pregnancy to ensure there is sufficient time to make an appointment for the 1st trimester ultrasound scan.

2.2.2. Document the gestation and date of booking and booking appointment in her hand held notes

2.2.3. If the woman is already 12+ weeks pregnant at referral she must have her first booking visit and hand held notes completed within 2 weeks. When completing the ‘Audit Form for Booking’ (Appendix 3), the midwife must give the reason for the late booking and whether the booking was completed within the 2 week timeframe.

2.2.4. Prior to the booking appointment, the woman will be provided with an information pack containing the National Institute for Health and Care
Excellence (NICE) Routine Antenatal Care for Healthy Pregnant Women Guidance, Screening Tests for You and Your Baby. If the woman has had a previous Caesarean Section please ensure they have a VBAC (Vaginal Birth after Caesarean Section) information leaflet and encourage consideration for VBAC.

2.2.5. The woman will be given a letter with information informing her of:
- Local midwifery team arrangements and contact details
- Out of hours arrangements for contacting the service in an emergency

2.3. Women with Additional Needs
Should the woman have additional needs e.g. English not her first language and she would like leaflets in another language or large print, braille, audio version advise her to contact the Patient Advice and Liaison Service (PALS) Health Information Link Centre on 01872-253545. For RCHT phone translation service contact Big Word 0800-7573053.

2.4. Booking appointment
2.4.1. Initial risk assessment
- Confirm that the woman has received all the pre booking information
- Complete the Maternity Risk Assessment at Booking and other antenatal assessment sections within the hand held notes. Refer appropriately when a risk has been identified
- Take a booking blood pressure and advise a daily dose of Aspirin 75mgs if risk factors are identified
- Thyroid Function Test (TFT) to be taken with booking bloods for those with known thyroid conditions. Urgently check results within 72 hours and if TFT is abnormal then inform the patient’s GP. The patient will also require a routine referral to area consultant. (New 2019)
- Take a midstream urine (MSU) in a red top bottle and send for ‘Routine Antenatal Urinalysis’
- The woman’s weight and height measurements must recorded, the Body Mass Index (BMI) calculated and documented in her hand held notes. BMI at booking may be less reliable and consistent. Community midwives should review the BMI recorded on the GROW chart at the 16 week appointment and amend the BMI record in the patients notes and on E3 if necessary. If any referrals need to be made based on the re-calculated BMI result then please ensure that these are completed.
- Record if the woman smokes and if YES refer to the Stop Smoking Service
- The woman’s view on the use of blood products must be recorded and a referral made to the Specialist Anaesthetist Clinic on 01736-874130 if she intends to decline blood products
- Record the Lead Professional in both the woman’s hand held notes and the STORK computer system
2.4.2. **Antenatal Screening**

- Complete the Family Origin Questionnaire **in full** for haemoglobinopathy screening
- At booking take bloods with consent for ABO Group, Full Blood Count, Rhesus factor, Rubella Immunity, HIV, Hepatitis B and Syphilis (1 of each bottle pink, purple and buff). In light of failing to obtain blood samples and referring the woman to another practitioner it is the midwives responsibility to follow up the woman’s blood results.
- At booking and 36 weeks Carbon Monoxide testing should be undertaken irrespective of if they are a smoker (New 2018)
- Document whether each individual test has been taken or declined
- The obstetric consultant should be informed of any woman repeatedly declining blood test
- The 16 week antenatal check is a woman only appointment where domestic abuse and mental health assessments are made in a sensitive manner
- At 16 weeks inform the woman of her antenatal screening results document the results of all the screening tests in the hand held notes Offer an appointment for a dating scan. At this appointment document the BMI from the customised growth chart that will be printed later and filed in their hand held notes
- Information on optional screening for Down’s, Edward’s and Patau’s Syndromes should be discussed. Screening for these conditions is by performing the Combined test in the Fetal Medicine Unit between 11 weeks 2 days and 14 weeks 1 day. Woman can choose: 1) No screening; 2) Screening for all three conditions; 3) Screening for just Down’s Syndrome; 4) Screening for Edward’s AND Patau’s Syndromes but NOT Down’s syndrome. If option 4 is selected, a single risk will be quoted for the fetus having either Edward’s or Patau’s Syndrome. It is not possible to quote for each of these conditions separately.
- If the woman opts for screening, this should be clearly documented on the front sheet of the Stork form using the Screening Referral Sticker, this is then sent in to the Maternity Unit. Screening will be performed at the same time as the dating ultrasound scan. The decision to have the test therefore has to be made **prior to booking the dating scan**.
- If a woman books too late to perform ultrasound screening of if the Nuchal Translucency screening has been unsuccessful at 2 attempts (at a single visit in Fetal Medicine) the Quad test should be offered by the community midwife

2.5. **Specialist and Obstetric Referrals**

2.5.1. Document all referrals to the consultant obstetric, anaesthetic or specialist clinic in the woman’s hand held notes

2.5.2. The midwife will indicate on the STORK Booking Form the need for an Obstetric appointment and the woman’s choice regarding first trimester ultrasound and downs syndrome screening
2.5.3. Send the STORK Booking Form to the Fetal Medicine Department where all appointments will be generated.

2.5.4. If an appointment is required for a specialist clinic contact:
- Diabetic Specialist Midwife – 01872-253199
- Joint Haematology/Obstetric Clinic by completing the ‘Referral Form to Combined Obstetric and Haematology Clinics’ and Fax to 01872 25323
- Anaesthetic Clinic/Blood products Clinic contact West Cornwall Booking Office on 01736-874130
- Specialist Midwife for Women with Complex Needs, contact by email or 01872-255019

2.6. **Birth Choices**

2.6.1. Suitability for Midwifery Led Care and place of birth options should be discussed and documented in the hand held notes.

2.6.2. Confirm that the woman has read the ‘Choices in Birth & Pregnancy’ leaflet.

2.6.3. The woman should be informed that the place of birth may change as clinical needs change.

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

2.6.5. For complex homebirth care planning contact your team leader in first instance to support (New 2018).

2.6.6. For women that are having an unplanned homebirth following a labour assessment and have had no risk assessment, the midwife facilitating the care should undertake a full risk assessment at that time and clearly document in the notes. If any risks are identified during the intrapartum period a midwife judges that the type of care a woman is requesting could cause risk to her or her baby, then she should discuss the woman’s wishes with her, providing detailed information relating to her requests, options for care including alternatives and outlining potential risks so that the woman may make a fully informed decision. If a woman declines this advice, urgent referral to the Delivery Suite Co-ordinator and Consultant Obstetrician is recommended for senior midwifery and obstetric advice and the midwife to continue to support the woman (New 2018).

2.6.7. If the woman’s requests that you provide care that does not meet recommended standards, ensure that you clearly document (New 2018).

2.7. **Life style and social history**

At the 16 and 28 week appointments discuss and document the woman’s life style and social history preferably in the absence of her partner. Any health professional who is aware that this section has not been completed must take
the opportunity to discuss this with the woman if her partner is not present and document accordingly.

2.8. **Mental Health Assessment**
At 28 and 36 weeks revisit the Mental Health Assessment in the hand held notes.

2.9. At the end of the booking appointment the midwife should ensure that the woman has contact telephone numbers for the service, a plan of care and a date for her next appointment. Hand held notes are given to the woman at this time.

2.10. **On-going antenatal care**
2.10.1. Women with uncomplicated pregnancies should be informed of the NICE antenatal appointment schedule.
   - Primigravida women: 10 appointments, exclusive of scans
   - Multigravida women: 7 appointments, exclusive of scans

2.10.2. The needs of each woman should be reassessed at each appointment, consistent information with clear explanations should be given and women should have the opportunity to discuss and ask questions.
   - Order anti D at 16 week appointment.

2.11. **At Appointments**
2.11.1. Record blood pressure

2.11.2. Test fresh urine sample

2.11.3. The fundal height measurement should be measured in cm and plotted (X) on the customised growth chart in the handheld notes from 25-28 weeks for all women who are not having serial scans at 2-4 week intervals throughout pregnancy (these will have been arranged by the obstetrician either at booking or once risk factors for fetal growth restriction is diagnosed).

2.11.4. Primigravid women have a 25 week appointment and a fundal height measurement below the 10th centile at this appointment should not prompt a scan request. The measurement should be repeated at 27-28 weeks and a scan arranged if the measurement remains <10th centile or growth velocity in cm is significantly reduced or static (even if within the normal range).

2.11.5. 28 weeks take blood samples for Antibody Screening and Full Blood Count

2.11.6. 28 weeks offer prophylactic Anti D Rhesus to Rhesus negative women

2.11.7. 36 weeks assess fetal presentation by abdominal palpation give ‘Latent Phase of Labour’ leaflet
2.11.8. 34-36 weeks discuss preparation for birth and confirm choice of place of birth. NICE do no recommend routine auscultation of the fetal heart before 36 gestation in the presence of normal fetal movements and growth as it is unlikely to have any predictive value however women may request routine listening for reassurance

2.11.9. 40 weeks - all women should be offered a membrane-sweep prior to induction of labour (IOL)

2.11.10. 41 weeks, membrane sweep and book IOL for Term +12-14 (New 2018) for low-risk women. The woman should be given an Induction of Labour information leaflet.

2.11.11. From 42 weeks, women who decline IOL should be referred to DAU for twice weekly CTG and USS

2.12. Information giving during the third trimester

- During the third trimester women should be encouraged to consider their birth choices, and an opportunity to discuss them
- Place of birth and support in labour
- It is essential that women are informed of the importance of making arrangements for transport to hospital
- Signs of labour and advice for latent phase at home
- Monitoring in labour of woman and baby
- Pain relief options
- Mode of delivery
- Management of the third stage and perineal repair
- Importance of skin contact and discussion of feeding
- Administration of Vitamin K
- Women who chose to birth at home should have a risk assessment made including assessment of access and adequate telephone communications / adequate mobile network coverage and put a plan in place to alleviate concerns

2.13. Additional information

- Any discussion and provision of information throughout the pregnancy should be documented by the professional giving the information, and signed for.
- Any change of lead professional should be clearly communicated to the woman and documented in her hand held notes. If, following consultant review, the woman is transferred back to Midwifery Led Care, this should be communicated to the woman and documented in her hand held notes.
- Following an obstetric or anaesthetic assessment a management plan will be clearly documented in the woman’s
3. Monitoring compliance and effectiveness

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>The audit will take into account record keeping by midwives performing the antenatal booking</th>
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</thead>
<tbody>
<tr>
<td>Lead</td>
<td>Audit Midwife</td>
</tr>
<tr>
<td>Tool</td>
<td><strong>Booking appointments</strong></td>
</tr>
<tr>
<td></td>
<td>• Was the date of booking and the gestation at booking recorded in the woman's hand held notes</td>
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<td>• Was the gestation at booking under 12 weeks</td>
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<tr>
<td></td>
<td>• If the gestation was over 12 weeks was an audit booking form completed</td>
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<tr>
<td></td>
<td>• Was a reason for the late booking given on the form</td>
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<tr>
<td></td>
<td>• Was the woman offered an appointment within 2 weeks</td>
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<tr>
<td></td>
<td><strong>Clinical risk assessment (antenatal)</strong></td>
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<tr>
<td></td>
<td>• Was the initial risk assessment completed at the time of booking</td>
</tr>
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<td></td>
<td>• If a referral was required to an obstetrician was this documented in the hand held notes and on the stork form</td>
</tr>
<tr>
<td></td>
<td>• If a referral was required to a specialist clinic was this documented in the hand held notes</td>
</tr>
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<td></td>
<td><strong>Patient information</strong></td>
</tr>
<tr>
<td></td>
<td>• Was the information sharing at booking documented and signed as having been discussed with the woman</td>
</tr>
<tr>
<td></td>
<td>• Was the information sharing at third trimester appointment documented and signed as having been discussed with the woman</td>
</tr>
<tr>
<td></td>
<td>• Was individual information shared documented and signed as having been discussed with the woman</td>
</tr>
<tr>
<td></td>
<td><strong>Mental health</strong></td>
</tr>
<tr>
<td></td>
<td>• Was a mental health disorder identified as part of the booking appointment</td>
</tr>
<tr>
<td></td>
<td>• Was it documented what action was taken</td>
</tr>
<tr>
<td></td>
<td>• If required, was a management plan documented in her hand held notes</td>
</tr>
<tr>
<td></td>
<td>• Was it documented that the 3 mental health questions had been asked</td>
</tr>
<tr>
<td></td>
<td>• If referral to the perinatal mental health pathway was required was an individual management plan documented.</td>
</tr>
<tr>
<td>Frequency</td>
<td>Every 3 years or earlier if indicated following an incident.</td>
</tr>
<tr>
<td>Reporting arrangements</td>
<td>Maternity Patient Safety Forum and Clinical Audit Forum</td>
</tr>
<tr>
<td>Acting on recommendations and Lead(s)</td>
<td>• 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</td>
</tr>
<tr>
<td></td>
<td>• Action leads will be identified and a time frame for the action to be completed</td>
</tr>
<tr>
<td></td>
<td>• The action plan will be monitored by the Maternity Patient Safety Midwife</td>
</tr>
<tr>
<td>Change in practice and</td>
<td>• Required changes to practice will be identified and actioned within a time frame agreed on the action plan</td>
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</table>

Antenatal Booking, Antenatal Care and Information Clinical Guideline V2.1
Page 8 of 20
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

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Antenatal Booking, Antenatal Care and Information Clinical Guideline V2.1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Issued/Approved:</td>
<td>October 2019</td>
</tr>
<tr>
<td>Date Valid From:</td>
<td>October 2019</td>
</tr>
<tr>
<td>Date Valid To:</td>
<td>October 2022</td>
</tr>
<tr>
<td>Directorate / Department responsible (author/owner):</td>
<td>Trudie Roberts, Community Matron Obs and Gynae Directorate</td>
</tr>
<tr>
<td>Contact details:</td>
<td>01872 252684</td>
</tr>
</tbody>
</table>

**Brief summary of contents**

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 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

**Target Audience**

<table>
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<tr>
<th>RCHT</th>
<th>CFT</th>
<th>KCCG</th>
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**Executive Director responsible for Policy:**

Medical Director

**Date revised:**

October 2019

**This document replaces (exact title of previous version):**

ANTENATAL BOOKING, ANTENATAL CARE AND INFORMATION – CLINICAL GUIDELINE V2.0

**Approval route (names of committees)/consultation:**

Maternity Guidelines Group Obs and Gynae Directorate

Divisional Board for noting

**Care Group General Manager confirming approval processes**

Debra Shields, Care Group Manager

**Name and Post Title of additional signatories**

Not required

**Name and Signature of Care Group/Directorate Governance Lead confirming approval by specialty and care group management meetings**

{Original Copy Signed}

Name: Caroline Amukusana
### Signature of Executive Director giving approval

{Original Copy Signed}

### Publication Location (refer to Policy on Policies – Approvals and Ratification):

Internet & Intranet  ✔  Intranet Only

### Document Library Folder/Sub Folder

e.g. Clinical / Infection Prevention & Control

### Links to key external standards

Governance Team can advise or include 'none required' here.

### Related Documents:

- RCHT (2012) Management of Type 1 and Type 2 Diabetes in Pregnancy
- RCHT (2013) Venous thromboembolism (VTE) in pregnancy, labour and post-natal period
- RCHT (2012) Antenatal and Newborn screening policy
- RCHT (2012) Vaginal birth after caesarean section (VBAC) Guideline
- RCHT (2015) Breech presentation, External Cephalic Version (ECV) and breech presentation in labour
- RCHT (2014) Women declining blood products

### Training Need Identified?

No

### Version Control Table

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<tr>
<th>Date</th>
<th>Version No</th>
<th>Summary of Changes</th>
<th>Changes Made by (Name and Job Title)</th>
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<td>2003</td>
<td>V1.0</td>
<td>Initial version</td>
<td>Joint guideline between Cornwall and IOS PCT</td>
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<td>June 2009</td>
<td>V1.1</td>
<td>Amended to RCHT only document</td>
<td>Theresa Williams and Chris Edwards Supervisor of Midwives, RCHT</td>
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<tr>
<td>December 2009</td>
<td>V1.2</td>
<td>Updated in line with national recommendations, NICE ante natal care</td>
<td>Theresa Williams and Chris Edwards Supervisor of Midwives, RCHT</td>
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<td></td>
<td>V1.3</td>
<td>Updated to include, VTE, mental health and BMI risk assessment and include compliance monitoring</td>
<td>Theresa Williams and Chris Edwards Supervisor of Midwives, RCHT</td>
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<td>18th September 2015</td>
<td>V1.4</td>
<td>Updated in line with changes to 2015 hand held notes, including; Edward’s &amp; Patau’s screening, Ordering Anti D at 16 week</td>
<td>Jane Rowe Community Midwife</td>
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<td>Date</td>
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<td>Details</td>
<td>Author</td>
</tr>
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<tr>
<td>November 2016</td>
<td>V1.5</td>
<td><strong>Added Appendices:</strong> 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</td>
<td>Teresa Philip-Community Matron SJ Pedler – Practice Development Midwife Helen Ettle – Community Team Leader</td>
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<tr>
<td>5th April 2018</td>
<td>V1.6</td>
<td>2.3.2 and 2.5 and 2.10 updates, see New 2018</td>
<td>Trudie Roberts, Community Matron Clare Sizer, Patient</td>
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<tr>
<td>12th April 2018</td>
<td>V1.7</td>
<td>Removal of 2 appendices</td>
<td>SJ Pedler Practice development Midwife</td>
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<td>4th July 2019</td>
<td>V2.0</td>
<td>Addition of referral process for women who book with Thyroid concerns.</td>
<td>SJ Pedler Practice development Midwife</td>
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<tr>
<td>October 2019</td>
<td>V2.1</td>
<td>Addition to section(s) 2.4.1 and 2.4.2. Regarding the calculation and recording of the patients BMI. Amend appendix 7 to a hyperlink instead of a form.</td>
<td>SJ Pedler Practice Development Midwife</td>
</tr>
</tbody>
</table>

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

**This document is to be retained for 10 years from the date of expiry.**

**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 for the Development and Management of Knowledge, Procedural and Web Documents (The Policy on Policies). It should not be altered in any way without the express permission of the author or their Line Manager.
# Appendix 2. Initial Equality Impact Assessment Form

Name of the strategy / policy / proposal / service function to be assessed

**Antenatal Booking, Antenatal Care and Information Clinical Guideline V2.1**

| Directorate and service area: | Obstetrics and Gynaecology Directorate |
| New or existing document: | Existing |
| **Name of individual completing assessment:** | Trudie Roberts |
| **Telephone:** | 01872 252684 |

1. **Policy Aim**
   - _Who is the strategy / policy / proposal / service function aimed at?_
   - To give 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 throughout their pregnancy.

2. **Policy Objectives**
   - To ensure women 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 with improved patient experience

4. **How will you measure the outcome?**
   - Compliance Monitoring Tool

5. **Who is intended to benefit from the policy?**
   - All pregnant women

6a **Who did you consult with**
   - Workforce
   - Patients
   - Local groups
   - External organisations
   - Other
   - X
   - Maternity Guidelines Group
   - Obs and Gynae Directorate
   - Divisional Board for noting

What was the outcome of the consultation?
- Guideline agreed

7. **The Impact**
   Please complete the following table. **If you are unsure/don’t know if there is a negative impact you need to repeat the consultation step.**

Antenatal Booking, Antenatal Care and Information Clinical Guideline V2.1
Page 13 of 20
Are there concerns that the policy could have differential impact on:

<table>
<thead>
<tr>
<th>Equality Strands:</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
<th>Rationale for Assessment / Existing Evidence</th>
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<tbody>
<tr>
<td>Age</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Sex (male, female, trans-gender / gender reassignment)</td>
<td>X</td>
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<tr>
<td>Race / Ethnic communities /groups</td>
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<td>Disability - Learning disability, physical impairment, sensory impairment, mental health conditions and some long term health conditions.</td>
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<td>Religion / other beliefs</td>
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<td>Marriage and Civil partnership</td>
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<td>Pregnancy and maternity</td>
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<td>Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian</td>
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</tbody>
</table>

You will need to continue to a full Equality Impact Assessment if the following have been highlighted:

- You have ticked “Yes” in any column above and
- No consultation or evidence of there being consultation - this excludes any policies which have been identified as not requiring consultation. or
- Major this relates to service redesign or development

8. Please indicate if a full equality analysis is recommended.  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>X</th>
</tr>
</thead>
</table>

9. If you are not recommending a Full Impact assessment please explain why.

Not indicated
This EIA will not be uploaded to the Trust website without the approval of the Policy Review Group.

A summary of the results will be published on the Trust’s web site.
## Appendix 3. Audit form for bookings

Form to be returned to your team leader following each completed booking

<table>
<thead>
<tr>
<th>Midwife</th>
<th>Date of booking</th>
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<tr>
<td>Named Midwife:</td>
<td>GP</td>
</tr>
<tr>
<td>(if different to above)</td>
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</tr>
<tr>
<td>Woman’s name:</td>
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<td>Age:</td>
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<td>Gestation at booking:</td>
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<td>Home RCHT</td>
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<tr>
<td>Penrice HBU</td>
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<tr>
<td>IOS birth unit</td>
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<td>Barnstable Exeter</td>
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<td>Plymouth Okehampton</td>
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<table>
<thead>
<tr>
<th>Under 19 refer to connexions</th>
<th>Yes/No</th>
</tr>
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<tbody>
<tr>
<td>Safeguarding</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Stop smoking referral</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Learning disability</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Whooley Q’s asked</td>
<td>Yes/No</td>
</tr>
</tbody>
</table>

If a late booking (after 10 weeks) please say why:

If presented to the service at 12 weeks or over, was the woman offered an appt. within 2 weeks? Yes/No
Appendix 4. Leaflet Packs given through Pregnancy

**Pre booking Information**
‘A Note From Your Midwife’ including reminder to bring NICE book to booking appointment
Routine Antenatal Care for Healthy Pregnant Women (NICE)
Screening Tests For You and Your Baby
Midwifery Services in Cornwall

**Booking Packs Pregnancy Information**
The Pregnancy Book or www.nhs.uk/pregnancyplanner or
www.nhs.uk/informationserviceforparents/pages/home.aspx
Emma’s Diary (if available)
Personal Maternity Record Book
Essential Guide to feeding and caring for your baby hole punched and attached in front of personal maternity record.
Abbreviated Stork Booking Form
Initial notification to Health Visitor
Family Origin Questionnaire
Healthy Start
Domestic Violence
Penrice / Helston Birth Centres ‘Information for Women’ as appropriate
Antenatal Classes
Audit Form for booking
Family Information Service Bookmark (childcareinfo@cornwall.gov.uk 0800 587 8191)
FW8 & envelope
Mama TENS (Penrice)
‘DAD’ website info if available
‘Off to the Best Start’ breastfeeding leaflet (only while still published)
Local Children’s Centre information
Local initiatives e.g. Family Services, St Austell Young Fathers Group
Your consent to Treatment
Chlamydia Screening Leaflet
Flu vaccine leaflet when available

**15 week information**
Why do I need to see an anaesthetist during my pregnancy? (for women with high BMI or other risk factors)

**Third Trimester Packs**
Cot Death leaflet unless given out by Health Visitors (if out of stock, direct women to Pregnancy & Birth to 5 books)
Angela Harrison Postnatal Depression leaflet, unless given out by Health Visitor
Pressure ulcers in labour

**Teenage Pack - Additional Leaflets**
Connexions Information – that which is currently available (under review)
EEFO – if available
Share – if available
The Guide - Sexual Health Advice in Cornwall
WILD
Family Nurse Partnership referral where appropriate
Young Mums will achieve project
Appendix 5. Sample Booking Letter

Dear

Section for individual teams to add local midwifery team arrangements, contact details and out of hour’s arrangements
Section for information about enclosed leaflets for folic acid, ante natal screening and advice on healthy eating
Your midwife will contact you and offer you a booking appointment, which should take place by the time you are 10 weeks pregnant. This is to ensure that you are able to be offered all ante natal screening tests described in the leaflet.

If you are already 10 weeks pregnant or more please contact your midwife as soon as possible and she will aim to offer you a booking appointment as soon as possible, at least within 2 weeks of you contacting her.

During the booking appointment your midwife will ask you questions about your current health, previous medical or surgical events and any previous pregnancies and births. Your midwife will give you information about your plan for ante natal care and encourage you to ask any questions you may have.

Please inform your midwife if you have any special needs you would like the people involved in your care to be aware of or if English is not your first language. If you would like this leaflet in large print, braille, audio version or in another language, contact the PALS Health Information Link Centre on 01872-253545
APPENDIX 6. Midwife HV/FNP Handover Pathway

Client mother pregnancy confirmed with GP / Midwife

Midwife booking

Midwife informs HV of pregnancy via CMC 25/28 weeks gestation via CMC electronic referral Cpn-tr.CMCantenatal@nhs.net

Midwife updates HV team of any changes in pregnancy at any point in the pregnancy at meetings with HV

Midwife and HV arrange joint ante-natal contact at 28 weeks for those families that meet the criteria for the special parenting team or there are safeguarding concerns/plan

See postnatal pathway

Refer to FNP if the appropriate criterion is met after 12 week viable scan

FNP confirms with Midwives if accepted or rejected If rejected follow HV pathway

If accepted do not need to send a further referral at 25/28 weeks
APPENDIX 7.
Please follow the link below for the “Early Help Hub Request for Help” form.
https://www.cornwall.gov.uk/media/23249503/early-help-hub.docx