NICE National Institute for Health and Care Excellence

NICE Pathways

Antenatal care overview

NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

http://pathways.nice.org.uk/pathways/antenatal-care
NICE Pathway last updated: 19 August 2021

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.

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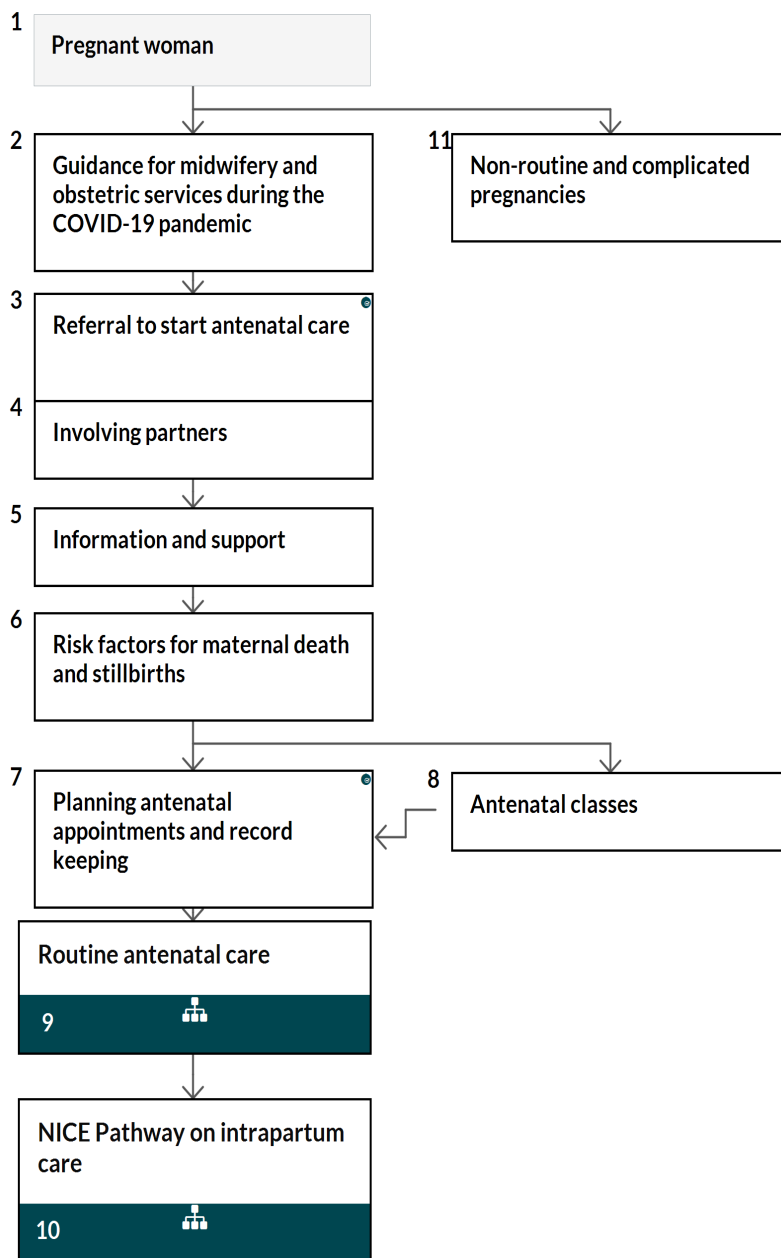

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1 Pregnant woman

No additional information

2 Guidance for midwifery and obstetric services during the COVID-19 pandemic

The Royal College of Obstetricians and Gynaecologists has produced guidance on COVID-19 and pregnancy for all midwifery and obstetric services.

3 Referral to start antenatal care

Ensure that antenatal care can be started in a variety of straightforward ways, depending on women's needs and circumstances, for example, by self-referral, referral by a GP, midwife or another healthcare professional, or through a school nurse, community centre or refugee hostel.

At the point of antenatal care referral:

- Provide an easy-to-complete referral form.
- Offer early pregnancy health and wellbeing information before the booking appointment. This should include information about modifiable factors that may affect the pregnancy, including stopping smoking, avoiding alcohol, taking supplements and eating healthily. See also the NICE Pathways on maternal and child nutrition, vitamin D: supplement use in specific population groups, and stopping smoking in pregnancy and after childbirth.
- Ensure that the materials are available in different languages or formats such as digital, printed, braille or Easy Read.

The referral form for women to start antenatal care should:

- enable healthcare professionals to identify women with:
  - specific health and social care needs
  - risk factors, including those that can potentially be addressed before the booking appointment, for example, smoking
- include contact details about the woman's GP.

See the NICE guideline to find out why we made these recommendations and how they might affect practice.

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Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

Antenatal care

1. Services – access to antenatal care

4 Involving partners

A woman can be supported by a partner during her pregnancy so healthcare professionals should:

- involve partners according to the woman's wishes **and**
- inform the woman that she is welcome to bring a partner to antenatal appointments and classes.

Consider arranging the timing of antenatal classes so that the pregnant woman's partner can attend, if the woman wishes.

When planning and delivering antenatal services, ensure that the environment is welcoming for partners as well as pregnant women by, for example:

- providing information about how partners can be involved in supporting the woman during and after pregnancy
- providing information about pregnancy for partners as well as pregnant women
- displaying positive images of partner involvement (for example, on notice boards and in waiting areas)
- providing seating in consultation rooms for both the woman and her partner
- consider providing opportunities for partners to attend video appointments remotely as appropriate.

See the NICE guideline to find out why we made these recommendations and how they might affect practice.

5 Information and support

When caring for a pregnant woman, listen to her and be responsive to her needs and preferences. Also see the NICE Pathway on patient experience in adult NHS services, in

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particular the sections on communication and information, and the NICE Pathway on shared decision making.

Ensure that when offering any assessment, intervention or procedure, the risks, benefits and implications are discussed with the woman and she is aware that she has a right to decline.

Women's decisions should be respected, even when this is contrary to the views of the healthcare professional.

When giving women (and their partners) information about antenatal care, use clear language, and tailor the timing, content and delivery of information to the needs and preferences of the woman and her stage of pregnancy. Information should support shared decision making [See page 10] between the woman and her healthcare team, and be:

- offered on a one-to-one or couple basis
- supplemented by group discussions (women only or women and partners)
- supplemented by written information in a suitable format, for example, digital, printed, braille or Easy Read
- offered throughout the woman's care
- individualised and sensitive
- supportive and respectful
- evidence-based and consistent
- translated into other languages if needed.

For more guidance on communication, providing information (including different formats and languages), and shared decision making, see the NICE Pathway on patient experience in adult NHS services and the NHS Accessible Information Standard.

Explore the knowledge and understanding that the woman (and her partner) has about each topic to individualise the discussion.

Check that the woman (and her partner) understands the information that has been given, and how it relates to them. Provide regular opportunities to ask questions, and set aside enough time to discuss any concerns.

See the NICE guideline to find out why we made these recommendations and how they might affect practice.

NICE has written information for the public on antenatal care.

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6 Risk factors for maternal death and stillbirths

Be aware that, according to the 2020 MBRRACE-UK reports on maternal and perinatal mortality, women and babies from some minority ethnic backgrounds and those who live in deprived areas have an increased risk of death and may need closer monitoring and additional support. The reports showed that:

- compared with white women (8/100,000), the risk of maternal death during pregnancy and up to 6 weeks after birth is:
  - 4 times higher in black women (34/100,000)
  - 3 times higher in women with mixed ethnic background (25/100,000)
  - 2 times higher in Asian women (15/100,000; does not include Chinese women)
- compared with white babies (34/10,000), the stillbirth rate is:
  - more than twice as high in black babies (74/10,000)
  - around 50% higher in Asian babies (53/10,000)
- women living in the most deprived areas (15/100,000) are more than 2.5 times more likely to die compared with women living in the least deprived areas (6/100,000)
- the stillbirth rate increases according to the level of deprivation in the area the mother lives in, with almost twice as many stillbirths for women living in the most deprived areas (47/10,000) compared with the least deprived areas (26/10,000).

See the NICE guideline to find out why we made this recommendation and how it might affect practice.

7 Planning antenatal appointments and record keeping

Planning antenatal appointments

Offer a first antenatal (booking) appointment with a midwife to take place by 10+0 weeks of pregnancy.

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 2 weeks if possible.

If a woman books late in pregnancy, ask about the reasons for the late booking because it may reveal social, psychological or medical issues that need to be addressed.

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Plan 10 routine antenatal appointments with a midwife or doctor for nulliparous women. (See schedule of appointments.)

Plan 7 routine antenatal appointments with a midwife or doctor for parous women. (See schedule of appointments.)

Also see the NICE Pathway on pregnancy and complex social factors: service provision for:

- women who misuse substances
- recent migrants, asylum seekers or refugees, or women who have difficulty reading or speaking English
- young women aged under 20
- women who experience domestic abuse.

Offer additional or longer antenatal appointments if needed, depending on the woman's medical, social and emotional needs. Also see the NICE Pathways on pregnancy and complex social factors: service provision, intrapartum care for women with existing medical conditions, intrapartum care for women with obstetric complications, hypertension in pregnancy, diabetes in pregnancy and twin and triplet pregnancy.

Ensure that reliable interpreting services are available when needed, including British Sign Language. Interpreters should be independent of the woman rather than using a family member or friend.

Those responsible for planning and delivering antenatal services should aim to provide continuity of carer [See page 10].

Ensure that there is effective and prompt communication between healthcare professionals who are involved in the woman's care during pregnancy.

See the NICE guideline to find out why we made these recommendations and how they might affect practice.

NICE has written information for the public on antenatal care.

Antenatal records

At every antenatal contact, update the woman's antenatal records to include details of history, test results, examination findings, medicines and discussions.

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See the NICE guideline to find out why we made this recommendation and how it might affect practice.

Quality standards

The following quality statements are relevant to this part of the interactive flowchart.

Antenatal care

1. Services – access to antenatal care
2. Services – continuity of care
3. Services – record keeping

8 Antenatal classes

Offer nulliparous women (and their partners) antenatal classes that include topics such as:

- preparing for labour and birth
- supporting each other throughout the pregnancy and after birth
- common events in labour and birth
- how to care for the baby
- how the parents can bond with their baby and the importance of emotional attachment [See page 10] (also see promoting emotional attachment in the NICE Pathway on postnatal care)
- planning and managing their baby's feeding (also see planning and supporting babies' feeding in the NICE Pathway on postnatal care).

Consider antenatal classes for multiparous women (and their partners) if they could benefit from attending (for example, if they have had a long gap between pregnancies, or have never attended antenatal classes before).

Ensure that antenatal classes are welcoming, accessible and adapted to meet the needs of local communities. Also see the NICE Pathway on pregnant women under 20: service provision.

See the NICE guideline to find out why we made these recommendations and how they might affect practice.

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9 Routine antenatal care

See Antenatal care / Routine antenatal care

10 NICE Pathway on intrapartum care

See Intrapartum care

11 Non-routine and complicated pregnancies

See the NICE Pathways on intrapartum care for women with existing medical conditions, intrapartum care for women with obstetric complications and pregnancy for additional information on non-routine and complicated pregnancies.

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Continuity of carer

Having continuity of carer means that a trusting relationship can be developed between the woman and the healthcare professional who cares for her. Better Births, a report by the National Maternity Review, defines continuity of carer as consistency in the midwifery team (between 4 and 8 individuals) that provides care for the woman and her baby throughout pregnancy, labour and the postnatal period. A named midwife coordinates the care and takes responsibility for ensuring that the needs of the woman and her baby are met throughout the antenatal, intrapartum and postnatal periods.

For the purpose of this guidance, definition of continuity of carer in the Better Births report has been adapted to include not just the midwifery team but any healthcare team involved in the care of the woman and her baby. It emphasises the importance of effective information transfer between the individuals within the team. For more information, see the NHS Implementing Better Births: continuity of carer.

Emotional attachment

Emotional attachment refers to the relationship between the baby and parent, driven by innate behaviour and which ensures the baby's proximity to the parent and safety. Its development is a complex and dynamic process that is dependent on sensitive and emotionally attuned parent interactions supporting healthy infant psychological and social development and a secure attachment. Babies form attachments with a variety of caregivers but the first, and usually most significant of these, will be with the mother and/or father.

Shared decision making

Shared decision making is a collaborative process that involves a person and their healthcare professional working together to reach a joint decision about care. It could be care the person needs straightaway or care in the future, for example, through advance care planning. See the full definition in the NICE Pathway on shared decision making. In line with NHS England's personalised care and support planning guidance: guidance for local maternity systems, in maternity services this may be referred to as 'informed decision making'.

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Glossary

Bond

(the positive emotional and psychological connection that the parent develops with the baby)

Partner

(partner refers to the woman's chosen supporter; this could be the baby's father, the woman's partner, family member or friend, or anyone who the woman feels supported by and wishes to involve in her antenatal care)

Partners

(partner refers to the woman's chosen supporter; this could be the baby's father, the woman's partner, family member or friend, or anyone who the woman feels supported by and wishes to involve in her antenatal care)

Sources

Antenatal care (2021) NICE guideline NG201

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They

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should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the

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interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

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