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Unbooked and No Antenatal Care Policy

Hutt Maternity Policies provide guidance for the midwives and medical staff working in Hutt Maternity Services. Please discuss policies relevant to your care with your Lead Maternity Carer.

Purpose

The purpose of this guideline is to:

- establish a local approach to care, that is evidence based and consistent
- inform good decision making
- provide safe and effective care for women and their babies

Scope

- All obstetric, midwifery, anaesthetic and neonatal staff employed by the Hutt Valley DHB
- All Hutt Valley DHB maternity access agreement holders.

Initial documentation

For women to be booked into the facility the following documentation must be provided. This is vital so we can get labels promptly.

Admission form:

- Signed and dated when the woman is admitted to the facility.
- vital that **all** information is provided including the following

Data field	Rationale
Also known as	For ensuring correct NHI and for BDM queries.
Maiden/family name	For ensuring correct NHI
Date of birth	For ensuring correct NHI
Country of birth	To ensure residency status and also correct NHI
Family doctor	To ensure baby discharge information forwarded to correct medical practitioner and also for NIR registration
Religion	Chaplaincy request
Ethnicity	Statistical purposes
Partners surname	All potential AKA should be known. All babies are registered in the hospital under the mother's name. However baby may be registered under fathers name at BDM. This allows clerical staff to make a link if the baby admitted in the future.

On Arrival

- Identify risk factors and deal with any emergency first. Refer to appropriate policy/guideline.
- Conduct a comprehensive pregnancy assessment of the woman including a physical examination (Section 88, 2007). Obtain obstetric, medical and mental health history.
- Careful history taking of dates and LMP.
- Baseline maternal observations, BP, Pulse, Temperature, Respiration and Urinalysis.
- History of foetal movements.
- Palpation, size of baby, lie and presentation. Be mindful of assuming that there is only one baby.
- Ascertain foetal heart. CTG advised as no history of foetal wellbeing available during pregnancy.
- Previous obstetric history.
- History of any addiction including alcohol.
- History of medical conditions and medication.
- History of mental health issues.
- Allergies.
- History of smoking.
- Take 'first' antenatal bloods, Group and Hold & PET screen via a cannula. Notify lab and request Hep B antibody to be done on that day. This ensures that a baby requiring vaccination and anti globulin receives this in a timely manner.
- Consult with on call obstetrician.
- Screen and document accurately for Intimate Partner Violence (IPV)
- Assess for cultural/spiritual preferences.
- Assess family support, ascertain confidentiality issues.

Check Concerto for any Child Protection alerts and also check with ACMM if woman is on the "Vulnerable women's list"

Items to be covered in care plan as per section 88 if it is appropriate at the time to commence.

The care plan means the process by which the Lead Maternity Carer and the woman will develop a plan of care for herself and her baby. The documentation of this plan is kept in the clinical notes. The Lead Maternity Carer will commence and document a Care Plan covering, as a **minimum**, the following items when is appropriate:

- Schedule and location of visits for pregnancy care;
- How continuity of care will be achieved;
- How to access the LMC in urgent situations
- Cultural safety requirements
- Education plan during pregnancy and following birth
- Referral to other midwifery, medical, social and diagnostic services
- Smoking cessation options
- Screening for infectious diseases

- Assessment of risk for intimate partner violence
- Location of birth and other services including booking in to facility or arrangements for home birth
- Presence of others at birth
- Birth environmental and position for birthing
- Options and preference for monitoring, intervention, and treatments
- Handling of placenta
- Breastfeeding or other feeding requirements
- Responsibility that is being given to hospital midwives for breastfeeding
- Likely stay in the Maternity Facility and planning for going home
- Requirements for postnatal care
- Risk of postnatal depression and support options
- Advice regarding contraception and sexuality; and
- Referral to Well Child Provider and the timing for this.
- NIR

(Section 88, (2007), P 40.)

References

Ministry of Health. (2012) Guidelines for Consultation with Obstetric and Related Medical Services (Referral Guidelines). Wellington: Ministry of Health

Ministry of Health (2007). Maternity Services. Section 88 of the New Zealand Public Health and Disability Act 2000. Wellington: Author

Informed Consent

The right of a consumer to make an informed choice and give informed consent, including the right to refuse medical treatment, is enshrined in law and in the Code of Health and Disability Consumers' Rights in New Zealand. This means that a woman can choose to decline treatment, referral to another practitioner, or transfer of clinical responsibility. If this occurs follow the process map on page 18 of the Referral Guidelines (Ministry of Health, 2012).

Unbooked Arrival Checklist

ATTEND TO ANY EMERGENCY FIRST

- Pregnancy assessment of the woman, including gestation.
- Ascertain reason for admission.
- Patient or relative to complete admission form for NHI number.
- Complete full front page of pink booking sheet with patient.
- Baseline maternal observations, BP, Pulse, Temperature, Respiration and Urinalysis.
- Physical examination, with consideration of VE if indicated (Section 88, 2007).
- Source any ultrasound scans through pregnancy or notes if from another area.
- Palpation, size of baby, lie and presentation. (Be mindful of assuming that there is only one baby)
- History of foetal movements.
- Foetal heart. CTG advised as no history of foetal wellbeing available during pregnancy.
- Take 'first' antenatal bloods, Group and Hold & PET screen via a cannula. Notify lab and request Hep B antibody to be done on that day to ensure baby requiring vaccination and immune-globulin receives this in a timely manner.
- Consult with on call obstetrician.
- Notify paediatrics for attendance at birth.
- Assess for cultural/spiritual preferences.
- Assess family support, ascertain confidentiality issues.
- Check Concerto for any child protection alerts, if present, discuss with ACMM and call Oranga Tamariki.