Coronavirus (COVID-19) Antenatal Care Pathway SOP

The following SOP relates to the Antenatal Care Pathway as it stands from 16/06/2020. This is subject to review at all times in response changes in clinical need and advice.

Referral for Bookings:

Referrals will continue to be received by the bookings team in the usual manner.

Once referrals are received an initial triage will take place by the Maternity bookings team on the basis of the social, obstetric and medical presentation included on the referral document. On the basis of this the following women will be assigned a face-to-face booking appointment either in their community zone, with a specialist or in Antenatal Clinic as appropriate:

- Those who are not fluent in English
- Those with identified risk factors which would indicate care by the Public Health, Specialist or Substance Misuse Midwives.
- Late bookers, including those transferring from another NHS establishment, who will be booking at HUH after 20/40

All other women will have a telephone booking arranged.

All attempts should be made for the bookings to take place ideally between 8-9+6 (best practice standard) and before 12+6.

The bookings team will arrange a scan with the support of the helpline Midwives for those who are 13/40 or above at referral, prior to their booking.

Anyone who would usually require obstetric input in the first trimester will have this arranged and escalated by the bookings team in the normal manner.

All blue antenatal notes will now be collected from Medical Records directly by staff from the clinic which needs them. Notes for face-to-face bookings will be collected by ANC and Community MSWs whilst the majority of blue antenatal notes which are for telephone bookings will be collected by the team working in Picton Suite and stored up there until women present for their dating scans.

At all appointments

- All women should be signposted at booking to the regularly updated Homerton website which contains information including the latest guidance on issues such as Coronavirus and hospital visiting arrangements.

- Women should be informed that if they have any concerns or questions which they would like to speak to a midwife about, have symptoms of Coronavirus or are in self isolation they should contact us via the Homerton Maternity Helpline 0208 510 5955 10am - 8pm each day or via email on: huh-tr.maternityhelpline@nhs.net. They should be advised not to present at the hospital if they have symptoms of Coronavirus but to ring for guidance in the first instance.

- They should also be informed that due to the current pandemic advice may change we may need to re-arrange their schedule and place of care. We will be in touch if this becomes necessary. Women should be reminded to be vigilant in looking out for calls, texts and emails from Homerton at this time and that calls may- come from a withheld number.

- Women should be informed that at the current time we are able to offer a Homebirth service, but that this will have to be kept under review. The service will need to be constantly assessed depending on whether we have midwives available and communications from the London Ambulance service as to their ability to respond to a category 1 call, this is where we have concerns regarding the mother or baby's condition and warrants an urgent transfer to hospital. We will do all we can to maintain the service but we also have to ensure the safety of all women and our midwives. There may be times when women who had been booked to have a homebirth will be asked to come into hospital to have their baby, however we anticipate that this will be rare.

- Women should be informed that in order to restrict the spread of the virus and protect the health of all our women we have made some changes to our visiting arrangements in Maternity.

    - Scans: Partners are now able to attend 20 week (anomaly) scans, provided they do not have any COVID-19 symptoms. Women and partners will be screened (temperature check and risk assessment questions) at the hospital entrance prior to admittance. We are unfortunately still unable to accommodate partners at scans at other gestations at present, as all types of pregnancy scan take place in the same location and we will not be able to maintain safe social distancing if partners attend both scans, due to the limited space available in the department. However, if the sonographer finds important clinical information that women would like their partner to be aware of, then they will be supported to call them so that they can be in attendance virtually when the relevant information is being discussed.

    - Antenatal (Turpin) ward: Those undergoing induction of labour on the antenatal ward will, as has been the case throughout the pandemic, be able to have a single birth partner with them from the beginning of the process. Once they are in established labour and move to the delivery suite for one to one care, their second birth partner will be able to join them. We will be gradually restarting visiting on the antenatal ward (those staying in the hospital due to antenatal complications), starting with a single visitor, the same visitor each day, between 2pm and 6pm daily. We cannot accommodate more than one visitor, including any children, on the ward at present. All

birth partners/visitors will be subject to the same screening checks and requirements not to be experiencing any COVID-19 symptoms as previously described.

- Second birth partners: Everyone having their baby in the birth centre or on our delivery suite will be able to have two birth partners. Birth partners will be subject to the same screening checks and requirements not to be experiencing any COVID-19 symptoms as previously described.

- Postnatal (Templar) ward: We will be gradually restarting visiting on the postnatal ward, starting with a single visitor, who must be the primary birth partner, between 2pm and 6pm daily. The visitor will be subject to the same screening checks and requirements and not to be experiencing any COVID-19 symptoms as previously described. We cannot accommodate more than one visitor, including any children, on the ward at present.

- All staff undertaking antenatal care should be reminded to document all important information on EPR – nothing should be written in the Blue Antenatal notes alone due to the potential scale of telephone care.

- Midwives retain responsibility for checking the results of all investigations they ordered:

  - For telephone appointments this responsibility sits with the Midwives working in Picton suite to undertake these investigations, as they will order and collect specimens rather than the community Midwives who do the telephone bookings or appointments. A fail-safe Excel will be created for the Midwives in Picton suite which will be checked daily by the staff based there.
  - Community Midwives already maintain their own spreadsheets of tests and Band 7 Community management must check the order lists of any staff who are not at work on daily basis.
  - ANC Midwives maintain responsibility for checking their own bloods and test results and these must be escalated to their manager if they are unable to check the results within 5 working days.

<u>Combined/ Quadruple Scan bookings</u>

- There are approximately 30 referrals processed a day (double on Mondays). All women have their contact details checked and their LMP established at this stage and a booking appointment assigned. The bookings team will make a daily list with women's names/ CNNs/ contact details/ LMP as they go along.
- If bookings are retrospectively cancelled due to client's miscarrying or transferring care then this should be recorded by the bookings team and passed on to the dedicated MSW within the daily report for the scan to be cancelled.
- The list will be collected each morning by the dedicated MSW/admin based in FMU the following day. They will:

  - Book a scan appointment for Combined or Quadruple screening within the appropriate time frame. Combined should be booked unless the woman declines to attend in time or is already at too advanced a gestation at referral (any woman booked by 14+0 should have the CT if at all possible). COMBINED TEST: 11+2—14+1. QUADRUPLE TEST: 14+2 – 20+0

- Log the scan on EPR as an appointment
- Ring the woman to inform her and send a letter
- The preference should always be to book the scan for after the booking appointment so that Midwife can consent the woman for the Combined or Quadruple screening. If in the case of very late booking women where this is impossible, please email the screening team on Huh-tr.AntenatalScreening@nhs.net so that the woman can be rung and consented prior to the scan.

- The MSW should cancel scans for women who have miscarried or transferred their following updates provided by the bookings team. Please also email Huh-tr.AntenatalScreening@nhs.net has miscarried or has transferred her care.

Booking

- For all bookings

- When the Midwives book the woman either in person or over the phone they should:

  - ❖ Consent the woman for Combined or Quadruple screening
  - ❖ The scan should have been be booked by the FMU admin team and should be visible under the woman's appointments on EPR. The woman should also be aware of it. If this has not been booked, please called Fetal welfare and book the scan, checking with the reception staff there that the woman does not already have a scan.
  - ❖ Ensure that the woman is aware when her scan is, where to present and that she needs to attend alone. The Midwife should ensure that the woman has the phone number for FMU and that they need to contact them directly to rearrange the scan if they are unable to attend due to illness or the need to self-isolate
  - ❖ If there are any changes at this point (such as the client declining Combined or Quadruple screening in preference for having a dating scan) the Midwife must contact FMU to let them know and email the screening team on Huh-tr.AntenatalScreening@nhs.net

- Women should be informed that during the Coronavirus pandemic no Antenatal Education classes are taking place on the Homerton premises. There is a variety of links to sources of information which can be read and watched at home on the Maternity section of the Homerton website. These include Homerton specific information such as Antenatal class slides and a video guide to the unit. Videos of Homerton antenatal classes can be found on the website both in English and translated in BSL, Turkish, Romanian and Urdu.

- Midwives should follow the usual procedure for asking women about smoking cessation and offering VBA and referral as appropriate, documenting the woman's response as follows:

- Midwives seeing women for antenatal appointments: in order to continue assessing the need for Very Brief Advice and referral to smoking cessation services at booking and during the 3rd trimester for all women:
  - Tick 'yes' to 'CO monitoring done'
  - Put zero in the 'carbon monoxide reading' box, and then use the rest of the questions as normal

- We will continue sending the details of all women who are current smokers who do not decline (opt out) to smoking cessation services as we do normally anyway.
- They should explain that we are not currently measuring carbon monoxide levels due to the potential risks surrounding Coronavirus transmission.

- Women with comorbidities who need to be "shielded" during pregnancy should be identified at booking. This includes women with significant heart disease (acquired or congenital) or any individuals with specific cancers, severe respiratory conditions (cystic fibrosis and severe asthma) and those with rare diseases and inborn metabolic conditions including sickle cell. When identifying these women at booking the Midwife should email huh-tr.obstetricquery@nhs.net to clarify that the women should be shielding. If this is agreed, the obstetrician answering the emails should confirm this to the Midwife via email. When women who are shielding attend face-to-face appointments - they should be provided with a mask by the hospital , their status should be identified on arrival, shared waiting areas should be avoided and if admitted they should be cared for in a side room.

- The following changes have been made to antenatal pathways of care during the Coronavirus pandemic and should be incorporated into all plans of care. If in any doubt, please email huh-tr.obstetricquery@nhs.net for advice:

Grandmultips do not need to be seen by an obstetrician – please email Obs Query if there are additional issues
Substance misuse do not need to be seen by an obstetrician – please email Obs Query if there are additional issues
IVF pregnancies do not need to be seen by an obstetrician – please email Obs Query if there are additional issues; egg donation pregnancies should be seen by an obstetrician at 20 weeks
Women with fibroids >8cm should be seen in ANC at 36 week
Women >40 years with no other risk factors do not require automatic referral for obstetric care in the pregnancy but instead can be consented for IOL at 40/40 by their Midwife. An appointment can be booked with the obstetric team at 36/40 if women declines IOL or requests an obstetric consultation.
Women with FGM should only be referred if it is more than Type 1 and they have not had a previous vaginal delivery
The following should be emailed to Obs Query at booking rather than referred to ANC directly - Significant mental health problems - Maternal medical problems - Previous stillbirth / neonatal death - Previous 3rd degree tear - Previous baby <2.5kg or more than 4.5kg - Previous PIH / PET / GDM / abruption
Women with a previous CS should be referred to ANC at 36 weeks if they want a repeat CS – please email obs query if there are any other concerns
Women with risk factors for preterm birth should be emailed to Pretermbirth (HOMERTON UNIVERSITY HOSPITAL NHS FOUNDATION TRUST) huh-tr.pretermbirth@nhs.net
The following should be emailed to huh-tr.FetalMedicine@nhs.net - History of inherited disease

- History of red cell antibodies - History of pregnancy affected by congenital abnormality
Screening for GDM - For low-risk women (no risk factors for GDM), RBS at booking and 34 weeks. If RBS >7 mmol/L, give dietary advice and repeat RBS in 2 weeks. - For women with risk factors for GDM, arrange HbA1c and RBS at booking, 26 weeks and 34 weeks. - Women with previous GDM should be referred to antenatal diabetes clinic at around the gestational age they were diagnosed previously and the team would - decide when and how screening for GDM would take place. - Please see p.5 of the Consultant-led Antenatal Care Guidelines for the management of women following results outside the normal range for either of these investigations.

- Face-to-face bookings

- Face-to-face bookings remain unchanged in content and structure so should follow the outline in the HUH Antenatal Care Guidelines.
- The Midwife should undertake the ordering of all Antenatal screening tests as usual. She retains responsibility for checking and following up on all results within 5 working days.
- Documentation should be recorded in the Blue Antenatal notes and on EPR as usual.
- Women who require a face-to-face booking will also require a face-to-face 16/40 appointment and this should be booked for her.
- The Midwife should explain the trust's commitment to providing Continuity of Carer for the woman. Women should be booked onto Continuity Pathways on EPR. The booking Midwife should click "Yes" to the question of 'Booked with a named Continuity Team' and select the relevant box for the designated continuity team. The Midwife conducting the booking should inform the woman that she is the woman's named Midwife and will work as part of a team providing Continuity to her. The 16 week appointment should be booked in on a day in which the booking Midwife intends to work. The answer to "Care provided by a Member of the Client's Named Continuity Team" on the booking team should be "Yes". At the current time the answer to "Offered a Meet Your Team Session" on the Maternity Antenatal Visit Forms should still be "no".

- Telephone bookings

- Telephone bookings should aim to capture as much information as possible and should be documented on the EPR Maternal Antenatal Booking form.
- During the telephone booking the Midwife should explain that, when the woman attends Homerton Hospital for her first scan, she will be offered antenatal screening including blood tests, urinalysis, BP, BMI calculation and screening for Trisomies such as Downs Syndrome. She should consent women for these investigations during the telephone booking and order them on EPR. She should also inform the woman that her blue antenatal notes will be given to her at this time.

- All normal advice that would be given at booking, for example that concerning whooping cough vaccinations, diet in pregnancy, signs of when to seek emergency care etc. should be given as usual. These discussions should be documented in the woman's EPR Personalised Care Plan with a note explaining that this is a telephone booking due to Covid 19 contingency measures.
- The midwife should ensure she checks that it is safe to make routine domestic abuse inquiry prior to doing so; the woman can be asked to move to a different room/private space if necessary to ensure this is some safely.
- After taking a full history the Midwife should assess whether the woman is suitable for Midwifery Led Care in the antenatal period. If she is suitable, the midwife should explain the schedule of antenatal care during the Coronavirus pandemic as outlined in Box 2. S/he should explain that this will involve a mixture of face-to-face and telephone contact and that plans may change based on evolving advice and any changes to her clinical needs. If she meets the criteria for additional referrals or face-to-face appointments then this should be explained and arranged.
- Conversations about place at birth should start at booking. The Midwives should still refer to the place of birth planning tool to assess for suitability for having Midwifery led care during the intrapartum stage and to refer, as stated on the tool, to the Consultant Midwife if client is requesting birth in a Midwifery led setting and does not fulfil the criteria in the green section.
- Please enter 0 for any compulsory fields that cannot be filled it, i.e. weight and height.
- The Midwife should explain the trust's commitment to providing Continuity of Carer for the woman. Women should be booked onto Continuity Pathways on EPR. The booking Midwife should click "Yes" to the question of 'Booked with a named Continuity Team' and select the relevant box for the designated continuity team. The Midwife conducting the telephone appointment should inform he woman that she is part of the team providing Continuity to her and that she will aim to provide the 16 and 25 week telephone appointments. These should be booked in on a day in which the telephone Midwife intends to work. She should explain that the woman will meet the Midwife who will do the bulk of her face-to-face care at the 28 week appointment and that this Midwife will arrange ongoing care with after that point. The answer to "Care provided by a Member of the Client's Named Continuity Team" on the booking team should be "Yes". At the current time the answer to "Offered a Meet Your Team Session" on the Maternity Antenatal Visit Forms should still be "no".

Midwifery Antenatal Pathway

- This pathway outlines the structure of Midwifery Antenatal for the majority of women. Additional scans, and appointments with specialist colleagues can be made as required.

- Telephone appointments should aim to capture as much information as possible and should be documented on the EPR Maternal Antenatal Booking form.

- The woman's Personalised Care-plan should be subject to continuous review in case of changes to her clinical or other relevant circumstances. If at any point the Midwife feels it is clinically indicated she should arrange additional care and/ or face-to-face appointments at the earliest opportunity.

Box 2

Appointment/Gestation	Week beginning 15th June 2020
Booking appointment	Telephone consultation with named telephone midwife. Booking bloods to be ordered and scan confirmed. Named telephone Midwife to book the 16/40 telephone appointment with themselves and explain this to client
Dating scan	Whilst attending for scan to receive the following from the midwives in Picton Suite • BP check, urine dipstick, BMI • Booking blood tests • Combined blood test for Down screening • Send MSU • Receive handheld notes • Discuss D/V, safeguarding, smoking status and mental health • Whooping cough and reduced fetal movement leaflets, Healthy start, maternal exemption form • Modify and then print EPR booking • Review Maternity Lead/ High risk pathway
16/40	Telephone appointment with named telephone Midwife - to be documented on EPR. Named telephone Midwife to book the 25/40 telephone appointment with themselves and explain this to client
Anomaly scan 20/20	The MSW in the scan unit will conduct a BP check and urine dipstick and write these into the Blue Antenatal notes. These will be provided to the co-ordinating Midwife who will document them on the Personalised Care plan on EPR Whilst attending FMU for the anomaly scan the Midwife will examine the woman's EPR and blue book following scan to ensure the woman has appropriate follow-up arranged and that the woman does not require any referrals or investigations. The Matb1 form should be provided.
25/40	Telephone appointment with named telephone Midwife - to be documented on EPR.
28/40	Face-to-face appointment with Midwife as per current antenatal guidelines. Bloods tests; FBC, Group + Screen and RBS. If Rhesus negative ensure Anti-D bloods are taken prior to Anti-D appt. Anti D appointment scheduled as usual with antenatal clinic Midwives to book 36/40 scan if indicated
28/40	Anti-D as per current antenatal guidelines
32/40	Face-to-face appointment with named Midwife
36/40	Face-to-face appointment with named Midwife
38/40	Face-to-face appointment with named Midwife (Primips only)
40/40	Face-to-face appointment with named Midwife Cervical assessment and

	sweep. Book IOL
41/40	Telephone appointment with named Midwife and confirm IOL booked. Advise re labour and confirm booked place of birth e.g. birth centre or delivery suite

High risk pathway

- This pathway is for women whose pregnancy requires obstetric input at all or most antenatal appointments (women who would usually be seen in ANC for this reason), as well as women who are non-fluent in English and those with identified risk factors which would indicate care by the Public Health, Specialist and Substance Misuse Midwives.

- Women on the high risk pathway may require additional appointments, both Midwifery and Obstetric, the schedule of which and their suitability for telephone/ video care should be assessed individually and documented on the EPR Personalised Care plan. Please refer to the "Guidance for obstetric care during COVID-19 Pandemic" for guidance on the management of pregnant women with medical disorders including Chronic Hypertension, Pre-eclampsia, Diabetes, Hypothyroidism, Cardiac Disease, Intrahepatic cholestasis of pregnancy and Obesity.

- Currently hypertensive women or normotensive women considered at higher risk of pregnancy hypertension will be provided with a BP monitor for home BP recording. Please see the SOP for Home BP recording for details. This will be administered by the Specialist Midwife in Maternal Medicine and she should be contacted by staff wishing to commence women on home BP monitoring.

- Additional growth scans compliant with the criteria outlined in Saving Babies Lives Version 2 should be ordered for women at 32 and 36 weeks; the 28 week scan should be cancelled. If a woman had/has a normal 28 weeks scan, the 32 week scan can be cancelled.

36/ 40 Scans

As of Monday 23rd March women will no longer have a 36/40 scan booked for them by the scan department.

The responsibility for booking 36/40 scans for women who still need them now sits with the Midwife when they see women face-to-face at the 28/40 appointment.

The criteria for booking a 36/40 scan is as follows

1. Substance misuse
2. IVF pregnancies and/or egg donation
3. Women with fibroids
4. Women >/= 40 years

5. Previous stillbirth / neonatal death
6. Previous baby <2.5kg or more than 4.5kg
7. Previous Pre-Eclampsia
8. Previous Diabetic Pregnancy
9. Previous abruption
10. Previous Hypertension
11. Previous SGA baby
12. Maternal Chronic Kidney disease
13. Maternal cyanotic congential heart disease
14. Maternal Current Smoke
15. Maternal medical problems – "Current Medical Factors for This Pregnancy Identified" on EPR booking form.

- Women with a low-lying placenta at 20/40 should have a repeat scan booked at 34/40.

Antenatal TTAs

- Midwives checking results should continue to fill in the relevant letter-generating EPR forms to record low Hb, UTI and the need for prophylactic aspirin.
- Any antenatal TTA required with the exception of ferrous sulphate will need to be prescribed by a doctor. Requests can be submitted via the obstetric query email or directly to the doctors based in ANC or FMU.
- Following prescription the woman can access TTAs in the following ways:

- If the women present in HUH then ANC has a stock of TTAs including Nitrofurantoin, Labetalol, Nifedipine, Enoxaparin 40 + 60 mg, Aspirin, Ferrous sulphate and Acyclovir.
- Prescriptions ordered via EPR will generate a request in pharmacy for the medication to be delivered to the patient's home. Pharmacy will call the patients to check if they are happy with posting their medications and process/dispense the items. They will be given to the post room daily at 2pm and send it via recorded delivery.
- FP10 forms can be written by the doctor based in FMU or ANC and posted to the patient by the Midwife if medications are not available as a TTA pack.

- Details of how the medication will be received by the woman should be documented on the personalised care plan on EPR by the Midwife.

FMU Midwifery Clinic

- Midwifery presence will be maintained in FMU/Picton Monday –Friday, 9am -5pm

- All women attending the obstetric ultrasound department for their dating scan will receive essential midwifery care to complete the booking process and be give their Blue antenatal notes. Women attending for all other scans will not routinely be offered a Midwifery check, but can speak to a Midwife and be offered advice as needed.

- Any investigation ordered by the midwives will be recorded on a central spreadsheet which sits on the "Maternity Covid-19 failsafe spreadsheet" folder for follow up.
- All women who have had antibiotic therapy for a UTI should be asked to attend the FMU clinic Mon-Fri 9-5 to drop off a repeat MSU 7 days following treatment. This should be logged on the shared spreadsheet for results to be checked.

DNA policy

- Booking DNA (Community and ANC):

The Midwife should check in the usual way whether any of the following apply:

- Woman has miscarried

- Woman has had a termination of pregnancy

- Woman has already rescheduled appointment

If none of these apply then the Midwife should contact the Maternity bookings team to ask them to reschedule the appointment. The Midwife should make clear to the Maternity bookings team the team and location of the intended appointment (community or ANC, telephone or face to face and which zone team and clinic if community based face to face). The Maternity Bookings team can be contacted on 02085105094 or huh-tr.antenatalreferrals@nhs.net

The Maternity Bookings team should contact the woman to inform her of the next booking appointment. If a woman does not attend a second booking and the Maternity Bookings team are unable to speak to her over the phone to confirm attendance at a new appointment then the referral should be sent back to the woman's GP.

- Follow-up appointments (Community and ANC):

  For a first DNA the Midwife running the clinic (whether telephone or face-to-face) to which the woman has not attended should try to contact the woman via a phone call to discuss and make a new appointment. This appointment should normally be within 7 days of the missed appointment.

  If unsuccessful in speaking to her then the Midwife should assign a new appointment and text the woman to inform her of it.

  In both cases the DNA, the details of the new appointment and the conversation the midwife has had with the woman should be documented on EPR under the Personalised Care plan. The number of times a woman has not attended an appointment must be noted on EPR so women who miss serial appointments can be flagged. This will allow us to track repeat DNAs which should be flagged to a team leader for advice in the usual way.

In the case of a second DNA the Midwife running the clinic (whether telephone or face-to-face) to which the woman has not attended should try to contact the woman via a phone call to discuss and make a new appointment. This appointment should normally be within 7 days of the missed appointment.

If unsuccessful in speaking to her then the Midwife should escalate this to her team leader and arrange for a home visit via the woman's relevant community Midwifery team. This could be arranged on the day or logged on the community postnatal diary for the following day.

- For all DNAs

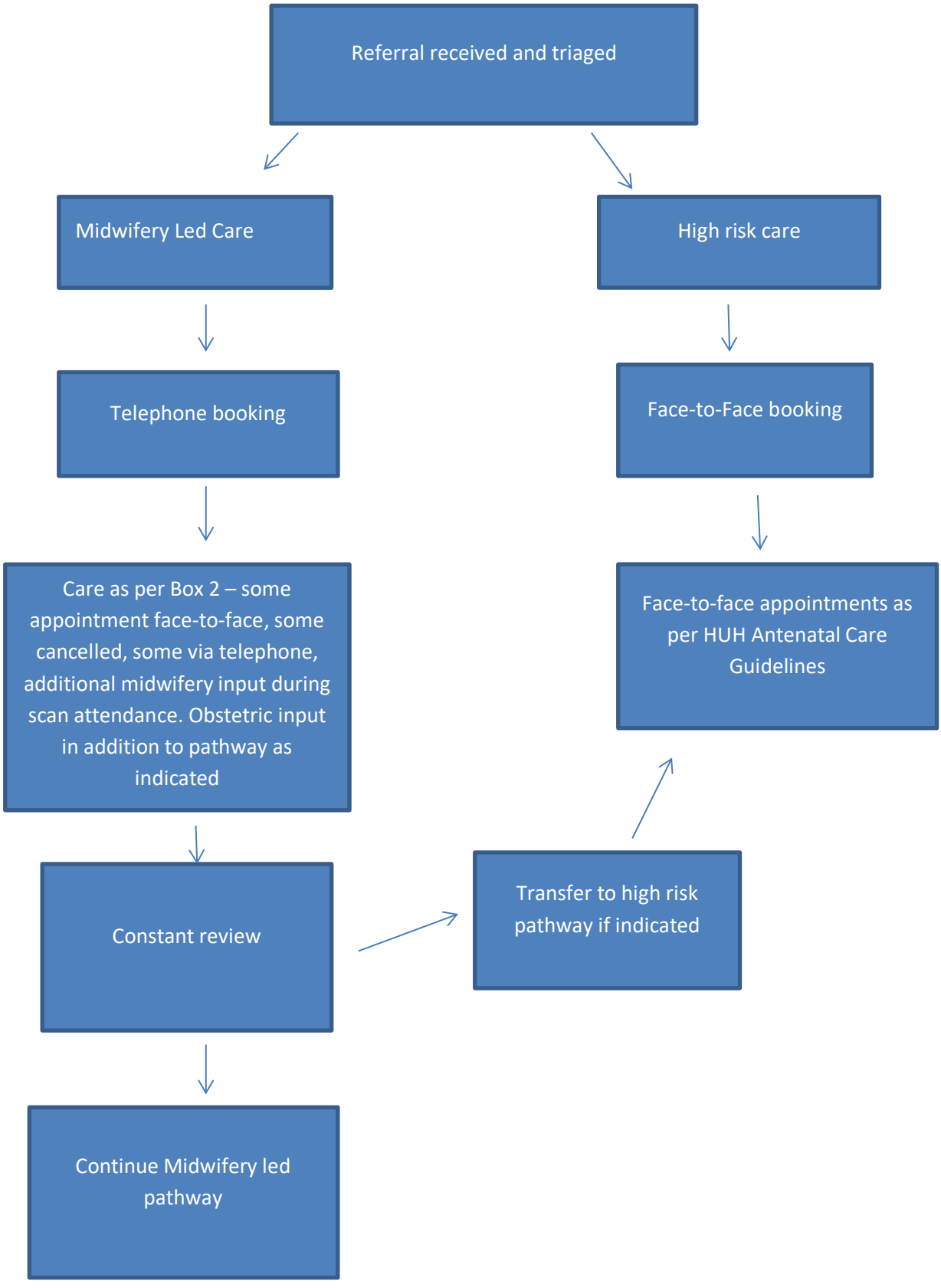
If the woman reports either to maternity bookings or to the Midwife that her DNA had was connected to a reluctance to attend for care due to fears about Coronavirus exposure then the Midwife should reassure the woman that the unit is doing everything it can to minimise the spread of coronavirus infection to healthy women and their babies, including restricting access to visitors, using appropriate protective equipment and infection control measures. They should emphasise to the woman that Maternity care is essential and has been developed over many years to reduce complications in pregnant women and babies and that not attending could risk harm to both mother and baby. If possible the Midwife should rearrange the appointment with the woman. If the woman still declines then her information should be emailed to the woman's named consultant and recorded this on her personalised care plan. The Midwife should inform her team leader so that a risk analysis can take place on further actions or escalation.

Care of Women self-isolating at home

- Women who report that they are self-isolating from home should be advised:
- To stay well hydrated and are mobile throughout this period.
- If they are already prescribed thromboprophylaxis then they should continue taking this
- They should be advised on the symptoms of VTE (pain, swelling and tenderness in one leg, usually at the back of the lower leg (calf), a heavy ache or warm skin in the affected area, red skin, particularly at the back of your leg below the knee) and advised that if this develops during the period of self-isolation then they should contact Delivery suite immediately by phone. If this occurs then a clinical review should take place (in person or remotely) the VTE risk assessed, thromboprophylaxis considered and prescribed on a case-by-case basis. If their VTE risk score at booking is 3 or more then commencement of prophylactic low molecular weight heparin (LMWH) should be recommended. A prescription can be sent through the post following EPR prescription along with a video link of how to self-inject, or a video appointment following receipt.

- The woman should be asked about upcoming appointments and EPR checked to confirm this also. Routine tests (such as growth scans, GTT, routine appointments) should be re-booked for after the period of self-isolation. If the woman has urgent care planned (FMU surveillance, high risk care) then this should be escalated via huh-tr.obstetricquery@nhs.net immediately for a senior decision on urgency and potential risks/ benefits.

Flow chart


Referral received and triaged
Midwifery Led Care
High risk care
Telephone booking
Face-to-Face booking
Care as per Box 2 – some appointment face-to-face, some cancelled, some via telephone, additional midwifery input during scan attendance. Obstetric input in addition to pathway as indicated
Face-to-face appointments as per HUH Antenatal Care Guidelines
Constant review
Transfer to high risk pathway if indicated
Continue Midwifery led pathway