

Amended schedule of Community

Antenatal appointments during the COVID-19 Pandemic

**If any appointment has to be rescheduled due to illness/quarantine then ensure all women are seen or contacted within 3 weeks of previous contact**

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| **Phase 1** | | **Phase 2**  **(If community midwifery staffing shortages or If 28 week growth scan is removed and/or dating scan performed at 18-20 weeks alongside anomaly scan)** | | | |
| Booking appointment ideally <10 weeks gestation | Telephone consultation  Record booking on K2 and send referral to ANC for dating scan. Dating and anomaly scan must be requested on ICE if consent given | Booking appointment ideally <10 weeks gestation | Telephone consultation  Record booking on K2 and send referral to ANC for dating scan. Dating and anomaly scan must be requested on ICE if consent given | | |
| Dating scan  11+2-14+1 | Dating scan +\- Trisomy screening /Observations (BP/Urinalysis)/Height, weight and BMI/Booking bloods. CO NOT PERFORMED  Provide COVID-19 patient information leaflet | Appointment is arranged with either a MSW/MA in the room within Scarsdale entrance.  This would be arranged after the booking consultation and before the dating scan (which would be at 18+0-20+0 weeks gestation)  Observations (BP/Urinalysis)/Height, weight and BMI/Booking bloods. CO NOT PERFORMED | | | |
| 16 Weeks | Telephone consultation.  Ensure has results of booking bloods taken | 16 Weeks | Telephone consultation  Ensure has results of booking bloods taken | | OMIT 16 week appointment if community midwifery shortages |
| Anomaly scan 18+0-20+0 | Offer Whooping cough vaccine. Discuss and ensure has access to information leaflet re fetal movements.  Record BP/Urinalysis | Dating and Anomaly scan performed at 18+0-20+0  Second trimester screening to be offered (T21 only). | Offer Whooping cough vaccine. Discuss and ensure has access to information leaflet re fetal movements.  Record BP/Urinalysis. | | |
| 25 weeks | Telephone consultation.  Arrange to post Mat B1 if needed | OMIT 25 week appointment if necessary due to community midwifery staffing shortages | | | |
| 28 weeks | Regardless of whether the woman is having a growth scan. This appointment MUST be face to face.  Breastfeeding conversation to take place at this point.  Ensure any safeguarding issues are addressed | 28 weeks | | Regardless of whether the woman is having a growth scan. This appointment MUST be face to face.  Breastfeeding conversation to take place at this point.  Ensure any safeguarding issues are addressed | |
| 32 weeks | If the woman is having a growth scan, this appointment can be omitted by the community midwife | 32 weeks | | If the woman is having a growth scan, this appointment can be omitted by the community midwife | |
| 36 weeks | Regardless of whether the woman is having a growth scan. This appointment MUST be face to face.  Birth plan discussion to take place | 36 weeks | | Regardless of whether the woman is having a growth scan. This appointment MUST be face to face.  Birth plan discussion to take place | |
| 38 weeks PRIMIGRAVID WOMEN  ONLY (Or women with complex needs/history) | Face to face consultation | OMIT 38 week appointment if necessary due to community midwifery staffing shortages | | | |
| 40 weeks | If the woman is having a growth scan, this appointment can be omitted by the community midwife.  Offer membrane sweep at this appointment | 40 weeks | | If the woman is having a growth scan, this appointment can be omitted by the community midwife.  Offer membrane sweep at this appointment | |
| 41 weeks | If the woman is having a growth scan, this appointment can be omitted by the community midwife.  Offer membrane sweep at this appointment. Discuss and arranged induction of labour | 41 weeks | | If the woman is having a growth scan, this appointment can be omitted by the community midwife.  Offer membrane sweep at this appointment. Discuss and arranged induction of labour | |