# Standard Operating Procedure (SOP) Number: MIDW/SOP/200

## SOP and clinical pathway for Consultant Antenatal Clinics, ADAU, Growth scans during evolving Covid-19 pandemic

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| **Classification** : | Standard Operating Procedure |
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| **Authors Job Title:** | **Consultant obstetrician and Gynaecologist** |
| **Authors Division:** | **Women's and Children** |
| **Departments/Group this Document applies to:** | **Maternity** |

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| **Approval Group:** Women's CIG | **Date of Approval:** | 04/2020 |
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| | **Review Date:** | 04/2021 |

**Departments/Groups This Document Applies to:** Maternity

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| **Status:** Approved | **Version No:** 1.1 |
| **Scope:** This SOP is for all Midwives and Obstetricians providing care to women in the Antenatal clinic and Antenatal Day Assessment Unit. | **Document for Public Display:** Yes |

**To be read in conjunction with the following documents:**
None

# Index



**Record of changes to document**

| **Version number**: 1.1 | | | **Date: 08/04/2020** | |
|---|---|---|---|---|
| **Section Number** | **Amendment** | **Deletion** | **Addition** | **Reason** |
| Executive summary | Visitors information | | | Change in guidance |
| | SBL scan guidance | N/A | Appendix 2 | Further guidance received |
| 5.0 | N/A | N/A | Comments to consultation history | Further comments received |
| **Version 1.0** | | | **Date: 01/04/2020** | |
| Full document | N/A | N/A | N/A | New document |

## SOP Statement

- To reduce Antenatal Clinic (ANC) face-to-face appointments due to risk of Covid19 infection spread.
- To conduct telephone consultation in clinics where possible
- To develop a pathway to review those women who require a face-to-face consultation
- To ensure women attending Antenatal Day Assessment Unit (ADAU) for Scan review are seen efficiently, by an appropriately qualified person and that women should spend less time in the hospital environment
- To incorporate changes to Fetal Medicine Service

## Executive Summary

This SOP has been written in response to the current global Covid 19 pandemic and follows the directive from Associate Director of Operations, Women's and Children's Health and supported by the Clinical Services Lead (CSL) for Obstetrics and Gynaecology.
The purpose is to assist and guide healthcare professionals in managing women attending Antenatal Clinic, ADAU, SBL) scans and Oral Glucose Tolerance Tests (OGTT's).

**These are temporary measures put in place to mitigate risks arising from the current Covid19 viral pandemic**

**In line with Trust directive (23/03/2020), there will be restrictions to visiting to our hospital to help tackle the spread of Covid-19 in order to protect both our patients and our staff.**

**All women should be asked to attend alone if possible or with a maximum of one partner/visitor (RCOG 23/03/2020)**

- **Maternity – one birth partner only. Strictly no children.**
- **No Visitors/ partners allowed to wait in Antenatal Clinic waiting area and will not be allowed in the room for appointments**
- **Growth scans - no visitors, dating and 20 weeks scan – 1 visitor**
- **ADAU – no visitors**

## 1.0 Roles and Responsibilities:

The Green Referral forms from Antenatal Clinic will be triaged by the Antenatal clinic as usual and be given to the hub for booking.

New referrals will not have a face-to-face appointment

All new and follow-up appointments will be by telephone only. Where possible, clinics should be reviewed prospectively to ensure that those patients who need to be seen urgently can be seen.

Maternal Medicine ANC- Miss E Khan clinics are telephone consultation with review of Grow chart on phone and scan on Insight

Diabetes ANC - Miss E Khan and Miss Velankar will do video and telephone ANC (remotely). As above

Small for Gestational Age (SGA) clinic - Miss Nizami. This is an all-day Thursday scanning list which will run as usual.

## 2.0 Implementation and dissemination of document

This SOP can be accessed via the intranet as part of Trust maternity guidelines.

## 3.0 Processes and procedures

- The change in the frequency of ultrasound scans and inability to carry on with fetal ECHO's and Doppler's is due to the current evolving Covid-19 pandemic.

Saving babies' lives care bundle Version 2: COVID-19 information: Appendix G recommends that assessment of services should be made weekly. Decisions on anticipated availability should be made at the beginning of each week to allow women to be contacted if USS is to be delayed.

As it is not possible to currently meet this recommendation of identifying clinicians capable of assessing and triaging for risk, this will be added to the Trust Risk Register.

- As clinics will be done remotely, BP, urine and symphysio-fundal height will not be performed.

- There will be a pause to CO testing of women during the pandemic period.

- All women attending clinics or ADAU should have their temperature checked to see if <37.2.

Please note, that the above is outside of the recommended management as stated in the guidelines and consequently can result in an unfavorable outcome for the mother and baby. This will be added to the Department of Obstetrics and Gynaecology Risk Register.

**The woman should be informed that if she develops or remains symptomatic of COVID-19, she must not attend her appointment; instead she should phone her maternity service for advice. (RCOG)**

### 3.1 Women attending ANC

All consultant antenatal clinic appointments will be telephone appointments unless the consultant decides that a face to face appointment is needed. (See appendix 1 telephone ANC clinic SOP).

The ultrasound scan (USS) report and GROW chart will be collected by the ANC Midwife and kept in clinic folder for doctors to consult while running telephone clinics. This can be done remotely when resources available.

### 3.2 Women attending ADAU for scan review

Sonographers will telephone ADAU if they want a scan review and the ADAU team will contact the Consultant covering ADAU.

In ADAU - if there is no indication for a cardiotocograph (CTG) / recommended delivery after consulting SGA guideline, then the USS and GROW chart can be photocopied and collected from ultrasound and will be reviewed by the on-call team and the patient will be contacted with a plan. There will be separate consultant cover for ADAU Monday to Friday 09:00am to 5.00pm

### 3.3 Women attending ADAU with reduced fetal movements (FM's)

There will be no change in guidelines. Women will call ADAU for advice and if asked to attend, then they will be reviewed by the doctor in ADAU.

### 3.4 Women attending for OGTT's

Women will continue to attend the hospital antenatal clinics to have OGTTs. Social distancing will be practiced as partners will not be allowed to stay to reduce transmission risk.

### 3.5 Women on SBL pathway

- **Moderate Risk Factors:**
  - Obstetric history
    - Previous SGA
    - Previous stillbirth, AGA birthweight
  - Current risk factors
    - Current smoker at booking (any)
    - Drug misuse
    - Women >/= 40 years of age at booking

Above women should have growth scans at 28 weeks and 36 weeks. Care should be individualized for women in whom a fetal growth disorder has been diagnosed and monitoring by more frequent USS (+/- advanced Doppler's) is required

- High risk Factors:
  - Medical history
    - Maternal medical conditions [chronic kidney disease, hypertension, autoimmune disease (SLE, APLS), cyanotic congenital heart disease]
  - Obstetric history
    - Previous FGR
    - Hypertensive disease in a previous pregnancy
    - Previous SGA stillbirth at term
  - Current pregnancy
    - PAPPA <5$^{th}$ centile
    - Echogenic bowel
    - Significant bleeding
    - EFW <10$^{th}$ centile

Women with high risk factors should have fetal growth scans from 28 weeks, every 4 weeks until delivery.
Timing of delivery to be determined by indication for growth scan: eg maternal age ≥40 years IOL at 40 weeks,

- Type 1 and Type 2 Diabetes Mellitus (DM) - growth scans at 28, 32, 36 weeks
- GDM - growth scans at 32 & 36 weeks

- Twin pregnancies - scanning protocol is as follows:

**Dichorionic diamniotic (DCDA) twins** - scans at 20, 28, 32, 36 weeks (no 24 weeks scan)

**Monochorionic diamniotic MCDA twins** - scans at 16, 18, 20, 22, 24, 26, 28, 30, 32, 34 weeks-. These scans will be performed in the USS dept. locally. Any concerns about Twin to twin transfusion (TTTS), growth or anatomic abnormality should be referred to fetal medicine unit at Oxford University Hospital (OUH).

**Monochorionic monamniotic (MCMA) twins/triplets/higher** order multiple pregnancies - refer to FMU at OUH

For multiple pregnancies where there is abnormal growth, it is suggested that the Consultant reviewing the scan obtain fetal medicine input (from OUH, Fetal Medicine unit) when EFW discordance is ≥25%, to determine frequency of USS assessment.

- Cervical length scans for women at high risk of preterm birth: The Cervical length scan frequency for women with history of second trimester miscarriage if history is strongly suggestive of second trimester miscarriage will be individualized ( usually every 2 weeks between 14-24 weeks).There should be a plan from recurrent miscarriage clinic consultation.

### 3.7 Fetal Medicine Service

1. Mr Christos Iaonnou will not be running the Fetal medicine clinics onsite at MKUH until further notice.

2. All scans that would have otherwise required input from Mr Iaonnou, to be SCANNED and emailed to fetalmedicine.midwives@oxnet.nhs.uk. OUH Fetal Medicine Unit (FMU) will aim to give advice within 24 hrs. This step has been taken by OUH, to concentrate resources towards providing safe antenatal care rather than detecting anomalies.

3. OUH will not provide service for fetal echo requests for previous cardiac history of child/parent affected, twins, women on antiepileptic's, Anti Ro/La antibodies if FHR>110bpm.

4. Women with Anti Ro/La antibodies will have assessment of fetal heart assessed at their routine anomaly scans.

5. Fetal echo requests will be accepted by OUH for suspected cardiac anomaly at the anomaly scan or Nuchal Translucency (NT)>3.5mm. Any other fetal anomaly should be referred as per usual Fetal Anomaly Screening Programme (FASP) guidelines.

6. Uterine artery dopplers are NOT to be performed as they don't alter obstetric antenatal management. If pregnancy is high risk, please book ONLY serial scans from 28 weeks.

7. ONLY eligible requests that fall within the Fetal medicine form criteria (form to be found within MKUH SGA guideline as an appendix) will be accepted for scans by Miss Nizami or Mr Hanna. All indications falling outside the criteria will need to be discussed with Miss

Nizami or Mr Hanna.

8. Women with Amniotic Fluid Index (AFI) > 30 on USS will not be seen in Fetal Medicine. They will need an OGTT and referral to consultant. Individual consultant to decide whether this will be a face-to-face or remote consultation.

Please note that-

If a woman currently meets 'stay at home' guidance the appointment should be rebooked after the isolation period ends:
• Symptomatic women: rebook after 7 days from when symptoms started.
• Living with others who have symptoms of Covid 19: rebook after 14 days (all household members must stay at home for the duration). Please provide a patient information leaflet. (RCOG)

Remote Clinics - below information to be required for each patient

If investigations /interventions are requested /need booking remotely, please liaise with antenatal clinic & provide the following details:

- MRN
- Blood forms/ scans required/ to be requested
- Induction of Labour (IOL)/ Caesarean Section (CS) to be booked
- Steroids- if required
- Deviation from guideline

**Please note that messages will not be left on answer phone**

### 3.8 Booking elective caesarean sections

All bookings for elective caesarean sections should be made over the telephone. Informed consent should be taken and signed by the ADAU consultant on the day of the pre-op appointment.

### 3.9 Requests for Elective Caesarean Section for maternal request

Women should be advised that during the Covid period, the Directorate has taken the decision NOT to offer Elective Caesarean Sections for Maternal request. However, the Directorate will continue to honor previous decisions made for maternal request Caesarean sections.

It has also been agreed that when the surgeon confirms the consent for caesarean sections pre-op, they will specifically advise the women of the risks of caesarean section and women will be encouraged not to have a caesarean section for maternal request.

## 4.0 Statement of evidence/references

- Trust Directive in response to Covid 19
- RCOG Guidance Information for healthcare professional
  Guidance for Antenatal Screening and Ultrasound in pregnancy in the evolving coronavirus Conid-19 pandemic
  Version 1: Published Monday 23 March 2020

- Public Health England
- Saving babies' lives care bundle Version 2: COVID-19 information (03.04.2020)
  NHS England and NHS Improvement
  Appendix G: Guidance for maternity services regarding fetal growth surveillance and management during the coronavirus (COVID19) pandemic

## 5.0 Governance

### 5.1 Document review history

| Version number | Review date | Reviewed by | Changes made |
|---|---|---|---|
| 1.1 | 08/04/2020 | Swati Velankar<br>Nandini Gupta | Visiting information amended<br>SBL information amended<br>Comments added to consultation history |
| 1.0 | 04/2020 | Faryal Nizami & Swati Velankar | New document |

### 5.2 Consultation History

| Stakeholders Name/Board | Area of Expertise | Date Sent | Date Received | Comments | Endorsed Yes/No |
|---|---|---|---|---|---|
| Nidhi Singh | O&G Consultant | 31/03/2020 | 31/03/2020 | Women with ANC and scan on the same day do not need face to face appointment and can have a telephone consult if there no concerns with the scan. If there are concerns, these can be reviewed by the ADAU consultant | Yes |
| Clair Reeve | Midwife | 31/03/2020 | 31/03/2020 | Will there be a requirement for SFH in between 28 and 36 week appointment?<br>Do GDM women require SFH at 28 weeks if serial scans do not start until 32 weeks | Yes<br>Yes |
| Nicola Fairgrieve | Midwife | 31/03/2020 | 31/03/2020 | Why does a woman with symptoms only need to self isolate for 7 days but 14 days with living with | Yes |

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|---|---|---|---|---|---|
| | | | | someone with symptoms | |
| Lydia Stratton- Fry | Labour Ward Manager | 31/03/2020 | 31/03/2020 | To achieve social distancing, only women should wait in the ADAU waiting area.<br>ADAU staff to ask women if they have symptoms of COVID-19 and if they do, they need to enter the hospital via the A&E route.<br>Need role for Rebecca Blackwell. | Yes<br>Yes<br>Yes |
| Jan Liddie | Diabetes specialist Midwife | 31/03/2020 | 31/03/2020 | Newly diagnosed women with GDM need to collect a pack from ANC and signposted to the hospital website for video demo and dietary leaflets.<br>Women attending for OGTTS to remain in ANC waiting area. | Yes<br>Yes |
| Lila Ravel | ANC lead Midwife | | | Only women to wait in ANC waiting area, no partners.<br>Should green forms be pre triaged by ANC first?<br>Should women attending for OGTT have their temperature taken on arrival.<br>Growth charts and scan reports collected from scan dept once a day by ANC. They are not reviewed by ANC Doctor.<br>All consultant appointments to be done via telephone unless specified,<br>Suggest women on SBL have scans at 30 and 38 weeks.<br>Addition of appendix for telephone | Yes<br>Yes<br>Yes<br>Yes<br>Yes<br>Yes<br>Yes |

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| | | | | consultation guidance.<br>Outcome forms to be emailed to hub<br>Women cannot sign consent forms remotely, will these be completed on the day?<br>Women having OGTT to stay in waiting area with social distancing. | Yes<br><br>Yes<br><br><br><br>Yes |
| Cath Hudson | Risk Midwife | 30/3/2020 | 31/03/2020 | No comments | Yes |
| Mr Christos Iaonnou | Fetal medicine consultant OUH | 29/3/2020 | 30/03/2020 | Suggestions about twin pathways<br>Agreed with new serial scanning frequency | Yes |
| Tina Worth<br>Dr Ian Reckless | Chair Trust Documentation Committee<br>Chair Clinical Board | 02/04/20 | 02/04/2020 | SOP review date in 6-8 months<br>Abbreviation's in full<br>Suggested use of job title instead of staff name<br>Grammar changes | Yes<br><br>Yes<br>No<br><br><br>Yes |
| Mary Plummer | Wards 9 and 10 Matron | 30/03/2020 | 01/04/2020 | Grammatical changes throughout document.<br>Clarification of use of Coronavirus or Covid-19. | Yes<br><br><br>Yes |
| Sanyal Patel | O&G Consultant | 30/03/2020 | 06/04/2020 | No comments | N/A |
| Abi Davey | Senior Community Midwife | 30/03/2020 | 31/03/2020 | BP and urine checks at all physical appointments | Yes |
| Ahmed El-Zibdeh | O&G Registrar | 30/03/2020 | 31/03/2020 | Query about partners in ADAU<br>Query on review for FMs | Yes<br><br>No |
| H Ying Wong | O&G Registrar | 30/03/2020 | 02/04/2020 | Clarification of team responsible for reviewing growth scans<br>Query on review for FMs<br>Query on rationale for reducing amount of growth scans | Yes<br><br><br><br>No<br><br>No |

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|---|---|---|---|---|---|
| Rebecca Daniels | Consultant Midwife | 30/03/2020 | 01/04/2020 | VBAC and Consultant Midwife appointments via phone | No |
| Veronica Gordon | Superintendent Sonographer | 30/03/2020 | 01/04/2020 | Growth scans to be 30 & 38 weeks instead of 28 & 36 | No |
| Ian Reckless | Medical Director | 30/03/2020 | 08/04/2020 | Approved subject to updates being made in respect of visitors / companions | Yes |

## Appendix 1: Ob's and Gynae SOP – Telephone Antenatal Clinics

# Ob's and Gynae SOP – Telephone Antenatal Clinics

**Pre-Booked Clinics:**

**CONSULTANT:**

1. View Antenatal clinic list (use instructions for how to view clinics - attached)
2. Call patients as close to time as original appointment as possible and proceed with telephone consultation.
3. At the end of the clinic email Obs.gynae@mkuh.nhs.uk and rebecca.blackwell@mkuh.nhs.uk with
    a. All MRNs
    b. Outcome – Answered/Not Answered
    c. Follow Up Plan e.g. Discharge/4 week Follow Up

**SCHEDULERS:**

1. Receive email from consultant after clinic.
2. Check each patient in/out or record DNA.
3. Book each patient according to the follow up plan.
4. If no available capacity to book into pre-booked clinics speak to RB.

**Ad Hoc Green Referrals:**

**CONSULTANT assigned to ANC:**

1. Collect green booking forms from pigeon hole in Women's Hub labelled 'ANC - Patients to Call'.
2. Call patients (using phone number on booking form).
3. At the end of the session email Obs.gynae@mkuh.nhs.uk and rebecca.blackwell@mkuh.nhs.uk with
    a. All MRNs
    b. Outcome – Answered/Not Answered
    c. Follow Up Plan e.g. Discharge/4 week Follow Up
    d. Return completed green form to pigeon hole 'ANC – Completed Green Forms'
    e. Return green forms of patients that you didn't call to 'ANC – Patients to Call'

**SCHEDULERS:**

1. Receive email from consultant after session.
2. Retrospectively book appointment for all patients that have had a telephone consultation under the consultant that they have spoken to.
3. Check each patient in/out or record DNA.
4. Book each patient according to the follow up plan.
5. If no available capacity to book into pre-booked clinics speak to Rebecca Blackwell (Patient Pathway Manager).

# Appendix 2: Suggested pathways for women at risk of fetal growth disorders to reduce demand on USS resources during the COVID-19 pandemic.

**Table 1: Suggested pathways for women at risk of fetal growth disorders to reduce demand on USS resources during the COVID-19 pandemic**

| Workforce availability (FTE) | Uterine artery Doppler at anomaly scan for fetal growth risk assessment* | Ultrasound surveillance for growth: moderate risk category | Ultrasound surveillance for growth: high risk category | Change to management for those with normal growth |
|---|---|---|---|---|
| Able to provide normal service | As per local/national guidance (see RCOG Green-top Guideline 31 and SBLCBv2). | As per local/national guidance (see RCOG Green-top Guideline 31 and SBLCBv2). | As per local/national guidance (see RCOG Green-top Guideline 31 and SBLCBv2). | As per local/national guidance (see RCOG Green-top Guideline 31 and SBLCBv2). |
| Reduced service (>50% still working) (Phase 1) | Provide where possible in high-risk group, at time of anomaly scan. If normal, manage as moderate risk; if abnormal, continue on high-risk pathway. | Aim for 2 USS in third trimester: 30-32 weeks and 36-37 weeks is suggested. | USS from 28 weeks, every 4 weeks until delivery. | Timing of delivery to be determined by indication for growth scan: eg maternal age ≥40 years IOL at 40 weeks |
| Minimal service (<50% still working) (Phase 2) | Provide where possible in high-risk group, at time of anomaly scan. If normal, manage as moderate risk; if abnormal, continue on high-risk pathway. | Aim for 1 USS in third trimester: 36 weeks is suggested. | Aim for 2 USS in third trimester: 30 and 36 weeks is suggested. | Consider IOL at 38-39 weeks in moderate-risk category and 37-38 weeks in high-risk category** |

*Availability of uterine artery Doppler may need to be assessed independently of growth, recognising that not all ultrasonographers may be trained to perform uterine artery Dopplers.
IOL – induction of labour
**IOL may be considered to mitigate the risk of lack of growth surveillance at term and to delivery. It is recognised that this will need to be on a case-by-case basis (assessing risk) and unit to unit (assessing availability of USS v labour ward) capacity.