





Antenatal care

NICE guideline

Published: 19 August 2021

www.nice.org.uk/guidance/ng201

Your responsibility

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.

All problems (adverse events) related to a medicine or medical device used for treatment or in a procedure should be reported to the Medicines and Healthcare products Regulatory Agency using the <u>Yellow Card Scheme</u>.

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 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 <u>assess and reduce the environmental impact of implementing NICE recommendations</u> wherever possible.

Contents

| Overview | 5 |
|---|----|
| Who is it for? | 5 |
| Recommendations | 6 |
| 1.1 Organisation and delivery of antenatal care | 6 |
| 1.2 Routine antenatal clinical care | 10 |
| 1.3 Information and support for pregnant women and their partners | 19 |
| 1.4 Interventions for common problems during pregnancy | 27 |
| Terms used in this guideline | 31 |
| Recommendations for research | 34 |
| Key recommendations for research | 34 |
| Rationale and impact | 37 |
| Starting antenatal care | 37 |
| Antenatal appointments | 38 |
| Involving partners | 40 |
| Taking and recording the woman's history | 41 |
| Examinations and investigations | 44 |
| Venous thromboembolism | 44 |
| Gestational diabetes | 45 |
| Pre-eclampsia and hypertension in pregnancy | 46 |
| Monitoring fetal growth and wellbeing | 46 |
| Breech presentation | 48 |
| Communication – key principles | 49 |
| Information about antenatal care | 50 |
| Antenatal classes | 52 |
| Peer support | 53 |
| Sleep position | 53 |
| Nausea and vomiting | 54 |
| | |

Antenatal care (NG201)

| | Heartburn | 57 |
|---|---|----|
| | Symptomatic vaginal discharge | 57 |
| | Pelvic girdle pain | 59 |
| | Unexplained vaginal bleeding after 13 weeks | 60 |
| С | Context | 61 |
| F | inding more information and committee details | 62 |
| U | Update information | 63 |

This guideline replaces CG62 and ES20.

This guideline is the basis of QS22, QS35, QS98, QS105, QS204 and QS178.

This guideline should be read in conjunction with NG137.

Overview

This guideline covers the routine antenatal care that women and their babies should receive. It aims to ensure that pregnant women are offered regular check-ups, information and support. We have also published a guideline on postnatal care, which covers the topics of emotional attachment and baby feeding.

The guideline uses the terms 'woman' or 'mother' throughout. These should be taken to include people who do not identify as women but who are pregnant. Similarly, where the term 'parents' is used, this should be taken to include anyone who has main responsibility for caring for a baby.

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

Who is it for?

- Healthcare professionals
- Commissioners of antenatal care services
- Women using antenatal services, their partners, their families, and the public