5 Management of severe nausea and vomiting

What is the clinical and cost effectiveness of corticosteroids for women with severe nausea and vomiting in pregnancy?

For a short explanation of why the committee made this research recommendation, see the rationale section on nausea and vomiting.

Full details of the research recommendation are in evidence review R: management of nausea and vomiting in pregnancy.

Rationale and impact

These sections briefly explain why the committee made the recommendations and how they might affect practice.

Starting antenatal care

Recommendations 1.1.1 to 1.1.3

Why the committee made the recommendations

No relevant evidence was identified and so the committee made the recommendations based on their knowledge and experience, and also made a research recommendation about how to start antenatal care. The committee discussed the ways in which women should be able to access antenatal care, but agreed that the configuration details would depend on local arrangements.

The committee agreed that antenatal service planning should take into account women's needs and circumstances, and should not discriminate against, for example, a limited ability to use and access online services, limited skills in English language or in literacy, or not being registered with a GP surgery. The committee were aware that for some women in vulnerable situations or with limited English language skills, there may be a delay in accessing and starting antenatal care.

The booking appointment should occur by 10 weeks of pregnancy but the initial contact and referral might have happened several weeks earlier, so the committee agreed that the referral contact should include provision of early pregnancy information, for example, public health messages for the woman about folic acid supplementation or stopping smoking. It is also important to identify women with specific needs or risk factors early on so that appropriate care can be provided from the beginning.

The committee agreed that it is important to have the contact details for the woman's GP to ensure that information can be shared between primary care and maternity services so that care is provided according to the woman's individual needs, and to identify potential safeguarding issues.

How the recommendations might affect practice

There is variation in current practice in how women access antenatal care and the time between women's first contact with a healthcare professional and subsequent steps. Enabling women to start their antenatal care through various routes, including through school nurses, community centres or refugee hostels, may have some implications on resources; however, these should be outweighed by the benefits of timely antenatal care. The recommendations should improve timely access to antenatal care for women in various situations, and improve early recognition of specific needs and risk factors so that care can be planned.

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Antenatal appointments

Recommendations 1.1.4 to 1.1.13

Why the committee made the recommendations

There was no new evidence to support changing from the existing recommended practice of women having their first antenatal (booking) appointment by 10+0 weeks.

Some women only contact, or are referred to, maternity services after 9+0 weeks. This 'late booking' may be particularly common among some socially vulnerable women or women with limited English language skills. Based on their knowledge and experience, the committee agreed that women who contact, or are referred to, maternity services after 9+0 weeks should have a booking appointment ideally within 2 weeks so that early pregnancy care, including information provision and screenings, can happen within the right timeframe. The committee agreed that it would be helpful to identify any underlying factors that may have led to the 'late booking' so that the woman's need for potential additional support or care can be considered and that any potential inequality and accessibility issues can be addressed.

There was no new evidence that led the committee to change from the existing recommended practice of arranging 10 appointments for nulliparous women and 7 appointments for parous women. Instead, the committee made a research recommendation about the ideal number and timing of antenatal appointments, including consideration for groups at higher risk of adverse outcomes.

The evidence on women's experience and satisfaction in relation to the number of antenatal appointments was mixed, but the committee agreed the importance of being flexible to meet women's needs.

There was evidence that women who needed to use interpreters found the service to be unreliable and inconsistent, so the committee made a specific recommendation highlighting that interpreters should always be available when needed (including, for example, at scan appointments) and that they should be independent of the woman and not, for example, a family member or a friend.

There was good evidence that women value having the same midwife throughout their antenatal care, although the review did not look at the benefits and harms of continuity of carer in relation to clinical- and cost-effectiveness outcomes. The NHS England's report Better Births: improving outcomes of maternity services in England – a five year forward view for maternity care recommends continuity of carer by 1 midwife who is part of a small team of midwives based in the community, so that they can get to know the woman and provide support to her throughout pregnancy all the way to the postnatal period.

Various health professionals or providers may be involved throughout the pregnancy, and the committee emphasised the need for good communication between different health professionals and providers.

How the recommendations might affect practice

The timing of the booking appointment and the number of appointments reflects current clinical practice. The recommendation about women who do not have a booking appointment arranged by 9+0 weeks may lead to more women attending booking appointments before 11 weeks and it may also reduce how long it takes to secure a booking appointment. However, this may also be challenging for services to organise.

The recommendation about offering additional or longer antenatal appointments depending on need may lead to a small increase in the number of antenatal appointments, but this is likely to be negligible and potentially have benefits later on.

The recommendation on the use of interpreters is not new but is not well implemented in all units, so may involve a change in practice.

In current practice, providing continuity of carer can be difficult to achieve and there can

be significant resource implications; however, the recommendation reflects NHS England's recommendations.

The committee agreed that the recommendations would not result in a major change in practice but should reduce variation in practice and improve care for women.

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Involving partners

Recommendations 1.1.14 to 1.1.16

Why the committee made the recommendations

The committee recognised that women's home and family circumstances vary, and it is up to the woman to decide who she may want to involve in her antenatal care. Involving partners is an important part of antenatal care, and the World Health Organization has emphasised the importance of engaging with partners during pregnancy, childbirth and postnatally. The committee discussed the impact that a partner's support, lack of support, or their wellbeing can have on the wellbeing of the pregnant woman. The committee recognised that the woman's partner is often also an expectant parent and being involved in the antenatal care, if the woman so wishes, can provide information and support for them as well.

The committee discussed that partners can face many types of barriers when engaging with antenatal services. There was good quality evidence on partners' views and experiences of antenatal care that showed that women appreciate being able to involve their partners in antenatal care, but that this can be difficult, for example, because of the partner's work patterns. Therefore, the committee agreed that the services should consider adapting when to offer antenatal classes (for example, in the evenings or at the weekends) to enable partners to be involved if the woman wishes.

Evidence showed that partners can feel like bystanders in appointments if, for example, there is no space for them to sit with their partner. The committee agreed ways that antenatal services could promote partner involvement. The committee agreed that partners are not always given information, including on how partners can support the woman during and after pregnancy, and the general pregnancy information that women receive.