offer to carry out placental localisation by ultrasound if the placental site is not known.

1.4.20 For pregnant women with unexplained vaginal bleeding who are admitted to hospital, consider corticosteroids for fetal lung maturation if there is an increased risk of preterm birth within 48 hours. Take into account gestational age (see the section on maternal corticosteroids in the NICE guideline on preterm labour and birth).

1.4.21 Consider discussing the increased risk of preterm birth with women who have unexplained vaginal bleeding.

For a short explanation of why the committee made the recommendations and how they might affect practice, see the rationale and impact section on unexplained vaginal bleeding after 13 weeks.

Full details of the evidence and the committee's discussion are in evidence review V: management of unexplained vaginal bleeding in pregnancy.

Terms used in this guideline

This section defines terms that have been used in a particular way for this guideline.

Bonding and emotional attachment

Bonding is the positive emotional and psychological connection that the parent develops with the baby.

Emotional attachment refers to the relationship between the baby and parent, driven by innate behaviour and which ensures the baby's proximity to the parent and safety. Its development is a complex and dynamic process that is dependent on sensitive and emotionally attuned parent interactions supporting healthy infant psychological and social development and a secure attachment. Babies form attachments with a variety of caregivers but the first, and usually most significant of these, will be with the mother and/or father.

Continuity of carer

Having continuity of carer means that a trusting relationship can be developed between the woman and the healthcare professional who cares for her. Better Births, a report by the National Maternity Review, defines continuity of carer as consistency in the midwifery team (between 4 and 8 individuals) that provides care for the woman and her baby throughout pregnancy, labour and the postnatal period. A named midwife coordinates the care and takes responsibility for ensuring that the needs of the woman and her baby are met throughout the antenatal, intrapartum and postnatal periods.

For the purpose of this guideline, definition of continuity of carer in the Better Births report has been adapted to include not just the midwifery team but any healthcare team involved in the care of the woman and her baby. It emphasises the importance of effective information transfer between the individuals within the team. For more information, see the NHS Implementing Better Births: continuity of carer.

Partner

Partner refers to the woman's chosen supporter. This could be the baby's father, the woman's partner, family member or friend, or anyone who the woman feels supported by and wishes to involve in her antenatal care.

Shared decision making

Shared decision making is a collaborative process that involves a person and their healthcare professional working together to reach a joint decision about care. It could be care the person needs straightaway or care in the future, for example, through advance care planning. See the full definition in the NICE guideline on shared decision making. In line with NHS England's personalised care and support planning guidance: guidance for local maternity systems, in maternity services, this may be referred to as 'informed decision making'.

Structured fetal movement awareness packages

The structured fetal movement awareness package described in the Awareness of fetal movements and care package to reduce fetal mortality (AFFIRM) trial consisted of:

- an e-learning education package for all clinical staff about the importance of a recent

change in the frequency of fetal movements and how to manage reduced fetal movements

- a leaflet given to pregnant women at 20 weeks of pregnancy to raise awareness of the importance of monitoring fetal movements and reporting reduced movements
- a structured management plan for hospitals following reporting of reduction in fetal movement including cardiotocography, measurement of liquor volume and a growth scan (umbilical artery doppler was encouraged if available).

Recommendations for research

The guideline committee has made the following recommendations for research.

Key recommendations for research

1 Hospitalisation of pregnant women with unexplained vaginal bleeding

What is the clinical and cost effectiveness of hospitalisation compared with outpatient management for pregnant women with unexplained vaginal bleeding?

For a short explanation of why the committee made this research recommendation, see the rationale section on unexplained vaginal bleeding.

Full details of the research recommendation are in evidence review V: management of unexplained vaginal bleeding in pregnancy.

2 Medications for mild to moderate nausea and vomiting in pregnancy

What is the clinical and cost effectiveness of medication for women with 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.

3 Models of antenatal care

What is the clinical and cost effectiveness of different models of antenatal care with varying numbers and times of appointment, and should different models be used for groups at risk of worse outcomes?

For a short explanation of why the committee made this research recommendation, see the rationale section on starting antenatal care.

Full details of the research recommendation are in evidence review F: accessing antenatal care.

What is the clinical and cost effectiveness of different models of antenatal care with varying numbers and times of appointment, and should different models be used for groups at risk of worse outcomes?

For a short explanation of why the committee made this research recommendation, see the rationale section on antenatal appointments.

Full details of the research recommendation are in evidence review F: accessing antenatal care.

4 Identification of breech presentation

What is the clinical and cost effectiveness of routine ultrasound from 36+0 weeks compared with selective ultrasound in identifying breech presentation?

For a short explanation of why the committee made this research recommendation, see the rationale section on breech presentation.

Full details of the research recommendation are in evidence review L: identification of breech presentation.