

Booking for Maternity Care

(Including referral for care)

Ref. 012

Version 5.3

Lead Persons	Tasha Simmons, Matron for MLU and Community Services
Care Group	Women and Children's
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Original Author(s)	Angela Hughes Judith Ockenden
Revision by Consultation	Steph Chatham, Guideline Midwife Jacqui Bolton, Maternity Matron. Jan Baker, Screening Coordinator Midwife Lisa Yeaman, Lead Digital Midwife
Comments	Reference to SaTH guidelines pertain to the latest version of the guideline on the intranet. Printed copies may not be the most up to date version. This guideline should be read in conjunction with: Missed Appointments Guideline (102) Patient Demographics SOP (026) Antenatal Screening Guideline Clinical Risk Assessment Guideline

Version	Implementation Date	History	Ratified By	Full Review Date
1	June 2010	New in this format	MGG Maternity Governance	June 2013
2-2.6	23 rd August 2011-12 th October 2014	Amalgamation of history/version control front sheet table. Refer to version <i>[insert last version before this update]</i> for full history of revisions	MGG Maternity Governance	Aug 2014
3-3.3	23 rd February 2015	Amalgamation of history/version control front sheet table.	MGG Maternity Governance	February 2018
4.0	7 th January 2022	Full Review and appendix 4 added- Full lists of patient information leaflets available on badgernet maternity information system.	MGG Maternity Governance	January 2025
4.1	July 2023	Audit & Monitoring paragraph update to reflect new process		January 2025
4.2	Feb 2024	Removal of PHR reference	Maternity Governance	Jan 2025
5.0	18 th October 2024	Full review	Maternity Governance	October 2027
5.1	21 st February 2025	Minor update: Contact MoTD if woman presents to USS >12 weeks and is unbooked	Maternity Governance	October 2027
5.2	20 th March 2025	Minor update: Use of BMI centile charts for under 18s	Maternity Governance	October 2027
5.3	19 th September	Minor update in line with CG110. Provision of contact details.	Maternity Governance	October 2027

In this guideline we use the terms ‘woman’ or ‘mother’ throughout. These should be taken to include people who do not identify as women but are pregnant or have given birth.

1.0 Introduction

- 1.1 NICE Quality Standard for Antenatal Care (QS22) recommends that pregnant women are supported to access antenatal care by 10 weeks of pregnancy (NICE 2023).
- 1.2 NICE further recommend that for women who contact/ are referred to maternity services later than 9+0 weeks of pregnancy, are offered a booking appointment within 2 weeks. (Antenatal Care, 2024)
- 1.3 The latest MBRRACE report identifies that, among those who died, the proportion of women who received the nationally recommended level of care (including booking by 10 weeks) remains low. (MBRRACE, 2023)

2.0 Aim

- 2.1 To provide guidance to midwives and doctors regarding the process of referrals into the maternity services and subsequent first full booking appointment.

3.0 Objectives

- 3.1 To provide a process whereby women can self-refer to the Maternity Service.
- 3.2 To provide a process whereby women have their first full booking assessment on the MIS completed by 10 weeks.
- 3.3 To provide a process to ensure that women who on referral to the Maternity Service are already twelve or more weeks pregnant are seen within two weeks of the referral.

4.0 Definitions

- 4.1 **Booking Coordinators:** Admin support staff for booking referrals.
- 4.2 **Direct Access:** A system enabling women to contact the Maternity Services directly without doing so via their GP
- 4.3 **MIS:** Maternity Information System ie Badgernet
- 4.4 **Named Midwife:** A registered midwife who is responsible for providing all or most of a woman’s antenatal and postnatal care and coordinating care should they not be available.
- 4.5 **Pregnancy Information Leaflets** Contains information for antenatal and postnatal care, all available on Badgernotes (accessible by service users via their Badgernotes app)

5.0 Process

5.2 Self Referral to the Maternity Services

- Women in Shropshire, including Telford and Wrekin, can self refer for SaTH maternity care directly, via the online portal: [Badger Notes - Self-refer your pregnancy to SaTH](#) or via the trust website.
- All referral information is secure within the Badgernet system.
- Service users who do not have internet access, or prefer not to use the digital platform, can contact the booking coordinators via phone, who will complete the online form on behalf of the service user.
 - Telford: 01952 565703
 - Shrewsbury: 01743 261208

5.4 Out of County Referrals

Women who choose to birth with SaTH for labour care, can self- refer in the same way or may be referred by Community Midwife if they are having shared care.

5.5 Method of Contact

- Booking co-ordinators will contact women via phone to acknowledge receipt of referral and to set up portal access.
- They will then contact women again via phone/email when a booking appointment is available.
- Where a woman has additional communication requirements, i.e. need for interpreter, or signing for the deaf, every attempt should be made to address these needs with

5.1 Ensuring women have a booking appointment by 10+0 weeks

5.1.1 Bridgnorth, Ludlow, Oswestry, Whitchurch

If the community teams identify any potential breaches to the target gestation, it should be escalated to the Maternity Manager/Matron of that area.

5.1.2 Shrewsbury & Telford

Booking co-ordinators will highlight any urgent appointments to the relevant community or ward manager

5.7 Arranging Dating Scans

Dating scans are arranged by as part of the booking process. Women with Badgernotes access will receive this appointment via their app and via letter, those without access will receive a letter.

Dating scan appointments should be made following the woman's booking appointment, to ensure she is given information regarding screening beforehand.

Note: If the woman attends USS and is found to be >12 weeks gestation and has not yet had a booking appointment, this will be escalated to the Maternity Manager of the Day (bleep 254) to arrange an urgent/same day booking appointment.

5.9 Process for Non-Attenders

See guideline 'Missed Appointments' (no. 102).

5.12 Process for reviewing previous medical and obstetric history

- Midwives completing the booking appointment should refer to Medway, clinical portal and integrated care record to access obstetric and medical history.
- Midwives should also view the episode history within Badgernet, which will include births at other trusts. Previous information should be imported into the current pregnancy record.

5.13 Assessment at Booking

- If the booking appointment is not completed by the target gestation (10 weeks), the reason should be documented on the MIS.
- Patients will be sign posted to the patient information leaflets available to them. The process for uploading additional patient information can be found in appendix 1. **Refer to the trust intranet for full list of patient information leaflets, this also details the gestation of when leaflets are auto-recommended.**
- The maternity exemption certificate should be completed at booking.
- Risk assessments are completed during the booking appointment and the midwife is responsible for determining level of risk based on this. See appendix 3 & 4
- Any TTOs required following the risk assessment should be documented on the MIS.
- Ask the woman about sensitive issues, such as domestic abuse, female genital mutilation and substance misuse in a kind, sensitive manner. Ensure there is opportunity to have a private discussion, this does not need to be a full appointment, but can for example, be facilitated by carrying out BMI checks in another location. If this cannot be achieved, it should be done at the next opportunity. Questions relating to domestic abuse will be asked throughout pregnancy and the postnatal period.
- Screening should be offered as specified in the [Maternity Screening Guideline](#).
- The following physical assessments and tests will be undertaken:
 - Height, weight and calculation of BMI
 - Use a BMI centile chart (found [here](#)) for anyone under 18, because the BMI measure alone does not take growth into account and is inappropriate for this age group.
 - Test urine for proteinuria/glycosuria and send sample for screening
 - Measure blood pressure.

- CO monitoring

Provide women with contact details of her local maternity unit and Maternity Triage. Women should be reassured that Maternity Triage can be contacted 24 hours a day.

5.14 Care plan

Once the initial risk assessment of pregnancy has been completed, populate birth plan, including named midwife and discuss place of birth options.

Refer to "Clinical Risk Assessment" guideline.

6.0 Training

6.1 Refer to Maternity Information System guideline.

7.0 Monitoring & Audit

Compliance with this guideline / SOP will be audited as part of the Shrewsbury and Telford Hospital NHS Trust's five-year rolling programme of NICE and local guideline audits, unless circumstances require an earlier or more frequent audit. The audit will be carried out against the auditable standards and the results of the audit will be reported and acted on in accordance with the Trust Clinical Audit Policy (CG25).

8.0 References

Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries (2023) Saving Lives Improving Mothers' Care. MBRRACE.

National Institute for Health and Care Excellence (2021) Antenatal Care. [NG201] London: NICE.

National Institute for Health and Care Excellence (2023) Quality Standard for Antenatal Care [QS22] London: NICE.

Royal College of Obstetricians & Gynaecologists (2016). Providing Quality Care for Women: A Framework for Maternity Service Standards. London: RCOG

Appendix 1

A Guide for staff loading patient information on badgernet.

- To highlight leaflets as “recommended”
- Each contact has a “personal care plan” section.

The screenshot shows a vertical list of weeks from Week 14 to Week 17. Each week has a panel with three fields: 'Pathway events', 'Recommended Reading', and 'Additional Reading'. In Week 15, the 'Additional Reading' field is highlighted with a green border, indicating it is selected or being edited.

- Select the relevant week and click on additional reading.

The screenshot shows a 'Reading' dialog box with a list of leaflets for Week 14. The leaflet 'Building a happy baby' is selected and highlighted with a yellow background. On the right side, there is a large list of other events, some of which are also highlighted in yellow, such as 'Infant crying and how to cope' and 'Whooping cough and pregnancy'.

- Select the appropriate leaflets from the list.

The screenshot shows a software interface for managing pathway events across three weeks. Each week section includes fields for 'Pathway events', 'Recommended Reading', and 'Additional Reading'. The 'Additional Reading' field for Week 15 contains a list of items, with the first item, 'Call your Maternity Unit', highlighted with a green border. A vertical scroll bar is visible on the right side of the window.

Week	Pathway events	Recommended Reading	Additional Reading
Week 14		Whooping cough and pregnancy, Call your Maternity Unit	
Week 15		Whooping cough and pregnancy, Call your Maternity Unit	<ul style="list-style-type: none"> - Flu Vaccination - Call your Maternity Unit - Off to the best start - Whooping cough and pregnancy - Building a happy baby - Screening tests for you and your baby - Caring for your baby at night
Week 16		Whooping cough and pregnancy	

Other Events

- GP Details
- Additional Professional
- Specialist Review
- VTE Risk Assessment
- PPH Prevention Assessment
- Topics Discussed During Pregnancy
- Conversations in Pregnancy
- CTG Review
- Home Assessment
- Clinical Note
- Blood Test (2)
- Medication (1)
- Vaginal Examination (Antenatal)
- Speculum Examination
- Ultrasound Scan
- Refer Mother
- SBAR Handover
- Blood Loss
- Hindwater Rupture
- Birth Plan (Create)
- Portal Pre-Booking
- MRSA / CPE Risk Assessment
- Fetal Growth and Pre-eclampsia (Aspirin) Risk Assessment
- Pressure Ulcer Risk Assessment
- Pressure Ulcer Interventional Plan
- Social Assessment

Buttons: Save & Close, Cancel

- The selected leaflets will now show in the “additional reading” section

The screenshot shows a 'Leaflets' page with a purple header. It displays a list of recommended reading options, each with a thumbnail image, title, and a 'Click here to read more' link. Arrows from the bottom left point to specific elements: 'Thumbnail image' points to a small image of a sheep; 'Title' points to the word 'Title'; 'Description' points to the text 'This is the title'; and 'PDF Leaflet or website will appear once clicked' points to the 'Click here to read more' link. The page also includes a 'Recommended for You' section and a note about reading time.

Thumbnail image

Title

Description

PDF Leaflet or website will appear once clicked

- The leaflets will now be visible in the Badgernotes app

Appendix 2

Completing Risk Assessment

Risk Assessment

Date and Time Risk Assessment Completed	20 May 24 at 11:06	Postnatal 8 Weeks, 5 Days
Period Completed	1st Trimester	
Completed By	<input type="button" value="Use current user..."/>	
All risk factors	<ul style="list-style-type: none">- BMI 25-29.9- Abnormal smears- Previous Cervical Surgery- Previous Shoulder Dystocia- Partner STI- Intermediate risk of preterm birth	
Current Pregnancy Risk Factors	None	Intermediate risk of preterm birth
Previous Obstetric Risk Factors	None	None
Previous Baby(ies) Risk Factors	None	Previous Shoulder Dystocia
Medical Risk Factors	None	BMI 25-29.9
Gynaecological Risk Factors	None	Abnormal smears, Previous Cervical Surgery
Mental Health Risk Factors	None	None
Anaesthetic Risk Factors	None	None
Sensitive Risk Factors	None	Partner STI
Family History Risk Factors	None	None
Social Risk Factors	None	None
Risk	<ul style="list-style-type: none"><input type="radio"/> Normal Low (Green)<input type="radio"/> High (Red)<input type="radio"/> Unknown	

After completing Risk Assessment, determine and select low or high risk.

Appendix 3
Risk assessment for FGR/SGA

Fetal Growth and Pre-eclampsia (Aspirin) Risk Assessment

 Populate Fetal Growth and Pre-eclampsia Risk Assessment From This Booking

Any Known Risks Yes No Unknown

Risk Factors

Hypertensive disease during a previous pregnancy	<input type="radio"/> Yes <input checked="" type="checkbox"/> No <input type="radio"/> Unknown
Chronic kidney disease	<input type="radio"/> Yes <input checked="" type="checkbox"/> No <input type="radio"/> Unknown
Autoimmune disease i.e. systemic lupus erythematosus/antiphospholipid syndrome	<input type="radio"/> Yes <input checked="" type="checkbox"/> No <input type="radio"/> Unknown
Type 1 or type 2 diabetes	<input type="radio"/> Yes <input checked="" type="checkbox"/> No <input type="radio"/> Unknown
Chronic Hypertension	<input type="radio"/> Yes <input checked="" type="checkbox"/> No <input type="radio"/> Unknown
Age 40 years or older	<input type="radio"/> Yes <input checked="" type="checkbox"/> No <input type="radio"/> Unknown
Pregnancy interval of more than 10 years	<input type="radio"/> Yes <input checked="" type="checkbox"/> No <input type="radio"/> Unknown
Body mass index (BMI) of 35kg/m ² or more at first visit	<input type="radio"/> Yes <input checked="" type="checkbox"/> No <input type="radio"/> Unknown
Family history of pre-eclampsia	<input type="radio"/> Yes <input checked="" type="checkbox"/> No <input type="radio"/> Unknown
Multiple pregnancy	<input type="radio"/> Yes <input checked="" type="checkbox"/> No <input type="radio"/> Unknown
Nulliparous or first ongoing pregnancy	<input type="radio"/> Yes <input checked="" type="checkbox"/> No <input type="radio"/> Unknown
Placental histology confirming placental dysfunction in a previous pregnancy	<input type="radio"/> Yes <input checked="" type="checkbox"/> No <input type="radio"/> Unknown
Fibroids	<input type="radio"/> Yes <input checked="" type="checkbox"/> No <input type="radio"/> Unknown
Previous SGA	<input type="radio"/> Yes <input checked="" type="checkbox"/> No <input type="radio"/> Unknown
Previous Stillbirth, appropriate gestational age birthweight	<input type="radio"/> Yes <input checked="" type="checkbox"/> No <input type="radio"/> Unknown
Drug misuse	<input type="radio"/> Yes <input checked="" type="checkbox"/> No <input type="radio"/> Unknown
Previous FGR	<input type="radio"/> Yes <input checked="" type="checkbox"/> No <input type="radio"/> Unknown
Previous SGA stillbirth	<input type="radio"/> Yes <input checked="" type="checkbox"/> No <input type="radio"/> Unknown
PAPPA <5th centile	<input type="radio"/> Yes <input checked="" type="checkbox"/> No <input type="radio"/> Unknown
Echogenic bowel	<input type="radio"/> Yes <input checked="" type="checkbox"/> No <input type="radio"/> Unknown
Significant bleeding	<input type="radio"/> Yes <input checked="" type="checkbox"/> No <input type="radio"/> Unknown
Estimated fetal weight <10th centile	<input type="radio"/> Yes <input checked="" type="checkbox"/> No <input type="radio"/> Unknown
Gastric bypass surgery	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Previous PTB/Second T misc (placental mediated)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Post Fontan	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Single umbilical artery	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Significant uterine anomalies (Eg septate, Bicornoreal)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Smoker	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
BMI < 18.5 with other features (eg eating disorder, Bowel disorder causing weight loss)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Current smoker at booking	<input type="radio"/> Yes <input checked="" type="checkbox"/> No <input type="radio"/> Unknown
Cyanotic congenital heart disease	<input type="radio"/> Yes <input checked="" type="checkbox"/> No <input type="radio"/> Unknown
Previous stillbirth	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Previous pre-eclampsia resulting in birth before 34 weeks	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown

Results

Pre-eclampsia Risk Level High Moderate Low

FGR Risk Level High Moderate Low Unsuitable

Actions

Pre-eclampsia actions

FGR risk actions SFH from 26-28 weeks until delivery