Recommendations

People have the right to be involved in discussions and make informed decisions about their care, as described in NICE's information on making decisions about your care.

Making decisions using NICE guidelines explains how we use words to show the strength (or certainty) of our recommendations, and has information about prescribing medicines (including off-label use), professional guidelines, standards and laws (including on consent and mental capacity), and safeguarding.

Supporting women to make decisions about their care is important during pregnancy. Healthcare professionals should ensure that women have the information they need to make decisions and to give consent in line with General Medical Council (GMC) guidance, the Nursing and Midwifery Council (NMC) Code and the 2015 Montgomery ruling.

Please note that the Royal College of Obstetricians and Gynaecologists has produced guidance on COVID-19 and pregnancy for all midwifery and obstetric services.

1.1 Organisation and delivery of antenatal care

Starting antenatal care

1.1.1 Ensure that antenatal care can be started in a variety of straightforward ways, depending on women's needs and circumstances, for example, by self-referral, referral by a GP, midwife or another healthcare professional, or through a school nurse, community centre or refugee hostel.

1.1.2 At the point of antenatal care referral:

- Provide an easy-to-complete referral form.
- Offer early pregnancy health and wellbeing information before the booking

appointment. This should include information about modifiable factors that may affect the pregnancy, including stopping smoking, avoiding alcohol, taking supplements, and eating healthily. See also recommendation 1.3.9 and the NICE guidelines on maternal and child nutrition, vitamin D, and smoking: stopping in pregnancy and after childbirth.

- Ensure that the materials are available in different languages or formats such as digital, printed, braille or Easy Read.

1.1.3 The referral form for women to start antenatal care should:

- enable healthcare professionals to identify women with:
  - specific health and social care needs
  - risk factors, including those that can potentially be addressed before the booking appointment, for example, smoking
- include contact details about the woman's GP.

For a short explanation of why the committee made the recommendations and how they might affect practice, see the rationale and impact section on starting antenatal care.

Full details of the evidence and the committee's discussion are in evidence review F: accessing antenatal care.

Antenatal appointments

1.1.4 Offer a first antenatal (booking) appointment with a midwife to take place by 10+0 weeks of pregnancy.

1.1.5 If women contact or are referred to maternity services later than 9+0 weeks of pregnancy, offer a first antenatal (booking) appointment to take place within 2 weeks if possible.

1.1.6 If a woman books late in pregnancy, ask about the reasons for the late booking because it may reveal social, psychological or medical issues that need to be addressed.

1.1.7 Plan 10 routine antenatal appointments with a midwife or doctor for nulliparous women. (See schedule of appointments.)

1.1.8 Plan 7 routine antenatal appointments with a midwife or doctor for parous women. (See schedule of appointments.)

1.1.9 Also see the NICE guideline on pregnancy and complex social factors for:

- women who misuse substances
- recent migrants, asylum seekers or refugees, or women who have difficulty reading or speaking English
- young women aged under 20
- women who experience domestic abuse.

1.1.10 Offer additional or longer antenatal appointments if needed, depending on the woman's medical, social and emotional needs. Also see the NICE guidelines on pregnancy and complex social factors, intrapartum care for women with existing medical conditions or obstetric complications and their babies, hypertension in pregnancy, diabetes in pregnancy and twin and triplet pregnancy.

1.1.11 Ensure that reliable interpreting services are available when needed, including British Sign Language. Interpreters should be independent of the woman rather than using a family member or friend.

1.1.12 Those responsible for planning and delivering antenatal services should aim to provide continuity of carer.

1.1.13 Ensure that there is effective and prompt communication between healthcare professionals who are involved in the woman's care during pregnancy.

For a short explanation of why the committee made the recommendations and how they might affect practice, see the rationale and impact section on antenatal appointments.

Full details of the evidence and the committee's discussion are in:

- evidence review H: timing of first antenatal appointment
- evidence review I: number of antenatal appointments
- evidence review J: referral and delivery of antenatal care.

Involving partners

1.1.14 A woman can be supported by a partner during her pregnancy so healthcare professionals should:

- involve partners according to the woman's wishes **and**
- inform the woman that she is welcome to bring a partner to antenatal appointments and classes.

1.1.15 Consider arranging the timing of antenatal classes so that the pregnant woman's partner can attend, if the woman wishes.

1.1.16 When planning and delivering antenatal services, ensure that the environment is welcoming for partners as well as pregnant women by, for example:

- providing information about how partners can be involved in supporting the woman during and after pregnancy
- providing information about pregnancy for partners as well as pregnant women
- displaying positive images of partner involvement (for example, on notice boards and in waiting areas)
- providing seating in consultation rooms for both the woman and her partner

- considering providing opportunities for partners to attend appointments remotely as appropriate.

For a short explanation of why the committee made the recommendations and how they might affect practice, see the rationale and impact section on involving partners.

Full details of the evidence and the committee's discussion are in evidence review C: involving partners and evidence review B: approaches to information provision.

1.2 Routine antenatal clinical care

Taking and recording the woman's history

1.2.1 At the first antenatal (booking) appointment, ask the woman about:

- her medical history, obstetric history and family history (of both biological parents)
- previous or current mental health concerns such as depression, anxiety, severe mental illness, psychological trauma or psychiatric treatment, to identify possible mental health problems in line with the section on recognising mental health problems in pregnancy and the postnatal period and referral in the NICE guideline on antenatal and postnatal mental health
- current and recent medicines, including over-the-counter medicines, health supplements and herbal remedies
- allergies
- her occupation, discussing any risks and concerns
- her family and home situation, available support network and any health or other issues affecting her partner or family members that may be significant for her health and wellbeing
- other people who may be involved in the care of the baby
- contact details for her partner and her next of kin