MATERNITY UNIT
GUIDELINE:

ANTENATAL CARE OF THE UN-BOOKED WOMEN

SCOPE:
Antenatal care on the maternity unit provided by core midwives

AUTHOR:
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PURPOSE:
To achieve best practice standards in the provision of antenatal care by core midwives; in partnership with the woman and her whanau.

DEFINITIONS
ABC - screening for smoking status Ask of status, Brief intervention, recommend Cessation
CGC - Customized Growth Chart
CYF - Child Youth and Family
FHR - Fetal Heart Rate
LMC - Lead Maternity Carer
MDT for VPW - Multi Disciplinary Team for Vulnerable Pregnant women
NRT - Nicotine Replacement Therapy
RR - Respiratory Rate
Unbooked woman - A pregnant woman who presents to Gisborne Maternity and has no LMC or obstetric notes

Good Practice Points

- The needs of each pregnant woman and her whanau should be assessed at first encounter to maternity
- Women should be informed and give consent to all tests, with an opportunity to discuss any issues and ask questions
- Women should be informed of all test results
- Midwives should be alert to signs of family violence. Family violence screening should be discussed at every encounter and a referral made to appropriate agencies, including CYF and MDT for vulnerable pregnant women; you must obtain the woman’s consent for such referrals.
- Smoking ABC should be discussed at every encounter and NRT and referral for ongoing support is recommended to the woman and her whanau.

Most women in the Tairawhiti area have a named LMC midwife to provide antenatal care. Although some may present un-booked or without their LMC, if women present without an
LMC, please provide them with a list of LMC’s or offer to contact one on her behalf. The LMC will then resume and take over responsibility of maternity care.

**Flow chart for antenatal care**

Antenatal care provided on the maternity ward
Perform an express booking on MCIS through an acute assessment including a risk assessment

**Determine/establish:**
- Present state of well-being, EDD, details of current pregnancy
- Obstetric and medical history (look on MCIS & request medical records if available)
- Routine observations; Blood Pressure, temperature, pulse, RR, urinalysis
- Abdominal palpation if appropriate;
  - Identify; fundal height, plot on CGC, fetal lie, presentation, position, auscultate FHR
- Depending on gestation perform a CTG
- Take antenatal bloods, MSU, send to lab

**Low risk pregnancy**
- Refer to an LMC for on-going midwifery care
- If required, admit to the maternity unit

**Urgent/Complex Pregnancy**
- Inform Obstetrician
- Perform CTG (if appropriate)
- Site an IV & take full AN bloods including a Group & Save & CBC as urgent
- Document in MCIS records
- Arrange follow-up if required
- Liaise with appropriate services – MDT for VPW, CYF
ASSOCIATED DOCUMENTS: This guideline replaces the previous Antenatal care guideline

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