**NICE Clinical Guideline: Antenatal Care**

**Stakeholder scoping workshop notes**

**Group 1**

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|---|
| **Presentations** |
| • No comments were made on the presentations. |
| **Scope** |
| **General Comments** |
| • Be clear about pre-conception and avoid being too ambitious in the guideline.<br>• Consideration should be given to the population of women this guideline addresses, and whether the guideline fits this population or not.<br>• For Wales, signpost accordingly. |
| **Section 3** |
| **Groups that will be covered** |
| • Think about re-wording the “planning” of pregnancy.<br>• Access to services should be considered e.g. women from different countries.<br>• “Distinguish between the needs of” – consider changing/amending this wording. |
| **Groups that will not be covered** |
| • Information about delivery of birth – this sits within other guidelines. |
| **Key areas that will be covered** |
| • How to better involve and communicate with women who do not attend antenatal classes.<br>• The content, timing and delivery of the information given to women is extremely important.<br>• Flexibility – different women will want information at different times. |

- More visits and less information at each visit so visits do not seem as rushed.
- Consider how useful group visits would be.
- If there is confusion about changing women's due dates then this should be addressed. The general consensus is that a woman's Estimated Deliver Date shouldn't be changed and the guideline committee should be made aware of this.
- Be clear about what exactly is covered in terms of information and support for women.
- Highlighting the importance of responsive parenting choices in pregnancy.

**Key areas that will not be covered**

- No comments.

**Equalities**

- Access, availability, quality of care and acceptability should be included.
- It is important to consider non-English speaking migrants, women with learning disabilities and/or mental health problems and women with limited access to the internet when making recommendations.
- Consider where women can access support.
- The landscape of parenting is changing and it is important to take this into account (e.g. same sex couples).

**Care settings**

- All were in agreement with the settings outlined in the scope.

**Draft Review questions**

**1. Preconception information, advice and planning**

The group discussed the following issues across the draft review questions in this area:

- RQ1.1 blood tests for anaemia need to be separate or there needs to be a new guideline title.
- The group agreed that pre-conception should not be included in this guideline as there should be a separate guideline for this topic.

**2. Management of co-existing conditions**

- No comments.

**3. Information and support for women**

The group discussed the following issues across the draft review questions in this area:

- This needs to be expanded to discuss the place of birth early on and to signpost to the intrapartum care guideline.

- Signposting to whom and when the information is given and expand to look at the time, delivery and people who provide the information. Have interviews to get this information postnatally.

**4. Delivery of antenatal care**

- No comments.

**5. Determining gestational age**

- No comments.

**6. Monitoring fetal growth and wellbeing**

- No comments.

**7. Nutrition**

The group discussed the following issues across the draft review questions in this area:

- RQ6.2 kick charts should be removed from this question as these are not really used anymore. Consider including something about the counting of movements instead.

**8. Prevention of specific infection during pregnancy and for the neonate**

The group discussed the following issues across the draft review questions in this area:

- No other areas to review evidence.

**9. Antenatal investigation**

The group discussed the following issues across the draft review questions in this area:

- 9.1 add free fetal DNA to 9.1 (part of screening) and diagnostic guideline CG25.

**10. Interventions for common problems during pregnancy**

The group discussed the following issues across the draft review questions in this area:

- Safety data should be included in this guideline.

**To consider for the review questions**

- What is included in terms of exercise?
- Evidence on sleep position in pregnancy and still birth.
- Healthy sex life.

- Physical examinations – what's being looked at and what should we be doing at each examination.
- Key areas which need to be covered and signposting to elsewhere in the guideline.
- Multiparity – when does it start and finish.
- If a woman goes over 41 or 42 weeks, where does the guideline stop?

| **GC composition** |
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| **Included members** |
| • For the co-opted members of the committee, it may be useful to swap the health visitor with a public health practitioner. |
| **Members that should be included** |
| • Potentially including 3 lay members for the guideline to represent the different backgrounds of women. This could be 1 consumer representative and 2 women who are currently pregnant.<br>• Influence of partners (female or male) should be incorporated into the guideline.<br>• Representation from NCT – potentially someone involved in patient liaison or someone involved in policy.<br>• Should involve charities like AIMS who speak to women and fathers. |

## Group 2

| **Presentations** |
|---|
| • No comments were made on the presentations. |
| **Scope** |
| **General Comments** |
| • Title of the guideline: Two issues were highlighted:<br>1. The title is not currently inclusive of preconception information/advice which was thought to be difficult to cover and if it was to be covered it needed to be defined (e.g. would it cover school education?).<br>2. The phrase "uncomplicated pregnancies" needed defining – what is a normal pregnancy? How are complex cases defined? The group thought that the focus should be the care that **every** woman should receive regardless of complexities.<br><br>• Under Related NICE guidance, there is Stop Smoking guidance PH1 and PH10 [currently being updated perhaps?]. The scope has listed PH26 specifically for stopping smoking during pregnancy, but not PH1 and PH10. |
| **Section 3** |
| **Groups that will be covered** |
| • The group were unclear about the preconception aspect and thought it was too vague (e.g. would this cover school education?) It was thought that the breadth of the population needed to be defined/refined (as per discussion regarding title of the guideline).<br>• The group agreed that all pregnant women should be covered (as per discussion re title of the guideline where they thought it was about the care that every woman should receive). |
| **Groups that will not be covered** |
| • No comments. |
| **Key areas that will be covered** |
| • Generally this was discussed with the draft review questions but a number of areas were thought to be missing from the list:<br>1. Communication and information-sharing: with commissioning of services and 3rd party providers, service delivery can be complex and communication is crucial.<br>2. Care of women who have had a previous loss (bereavement) as this will impact on their current pregnancy. |

3. Difficulties in getting pregnant i.e. the journey to their current pregnancy (IVF etc.) feeds into the well-being of the woman.

**Key areas that will not be covered**

- No comments.

**Equalities**

- The group considered equality issues and were keen to highlight learning disabilities and also black/ethnic minorities.

**Care settings**

- No comments.

**Draft Review questions**

**1. Preconception information, advice and planning**

- RQ1.1 Agreed good question. Consider smoking. Also immunisations (MMR for instance).
- RQ1.2 Consider adding 'partners' to this question (and throughout the document). Also consider format of the information.

**2. Management of co-existing conditions**

The group discussed the following issues across the draft review questions in this area:

- The group thought that only cross-referring to other guidelines would be missing out on multi-morbidities where perhaps one condition is managed but women do not get a balance of care. Really important to ensure these women still get good antenatal care regardless of their multi-morbidities.
- Consideration should be given to service delivery (referral etc.).

**3. Information and support for women**

- RQ 3.1 Consider adding 'partners' to this question (and throughout the document). Ensure information and support is available and appropriate for vulnerable populations. Different regions offering fuller services than others. Consider the range of ways of giving information.
- RQ 3.2 Group were uncomfortable with 'promoting health' as too vague. Also include outcomes for the child.

**4. Delivery of antenatal care**

The group discussed the following issues across the draft review questions in this area:

- Access to the right people should be considered.
- Education as to how to use the service.

- Individualising the care.
- Settings in which women should be seen.
- Need to consider work already out there around delivery e.g. Better Births.
- Time management issues for midwives – any recommendations need to be realistic.
- Consider adding 'partners' to question 4.3 (and throughout the document).
- Complexities of commissioning services – need to be able to offer individualised care.
- Specifying number of appointments can be restrictive and lead to commissioners not funding additional appointments.
- Continuity of care.

**5. Determining gestational age**

- The group agreed this is a good question.

**6. Monitoring fetal growth and wellbeing**

The group discussed the following issues across the draft review questions in this area:

- The group highlighted that this is an important issue with a wide research base.
- Current practice is moving away from kick charts – more use of individualised growth charts (which also includes ethnicity) which are important tools, as well as listening to the woman's intuition (e.g. frequency of fetal movement). There can be increased anxiety later in pregnancy which may result in more appointments.

**7. Nutrition**

The group discussed the following issues across the draft review questions in this area:

- Confusion here in terms of the key area being called 'nutrition' yet there is reference to smoking guidance and mental health guidance. This section is more about 'wellbeing' and should include alcohol and drugs.
- There are lots of really interesting and useful questions around nutrition that could be looked at: it could be vast area.
- Also need to consider the regular changes in advice given to women in relation to nutrition.

**8. Prevention of specific infection during pregnancy and for the neonate**

The group discussed the following issues across the draft review questions in this area:

- This is an immunisation issue – evidence is available e.g. JCVI and other guidance.
- The prevention of Group B strep was mentioned – green top guideline available and part of normal antenatal care.

**9. Antenatal investigation**

- The group asserted that the issue of ethnicity is important here.

**10. Interventions for common problems during pregnancy**

The group discussed the following issues across the draft review questions in this area:

- In terms of 10.3 the group thought the term 'abnormal' should be removed and it should be reworded to refer to 'discharge different for that woman'.
- Pelvic girdle pain was mentioned as an important problem as the outcome of pelvic girdle pain is that it can significantly impact on birth options and there are long-term effects.
- The group highlighted that there are many different ailments that could be included in this list and a way is needed to prioritise them. It was suggested that the outcome of the ailment could be the way to decide which ones to focus on.
- Guidance is needed on the use of complementary therapies by women as it is often what women turn to.

| **GC composition** |
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| **Included members** |
| • The group were keen to ensure that the following was considered important in terms of expertise:<br>1. Encourage 'partners' as a lay member<br>2. Reflect cultural diversity (e.g. within the lay member role)<br>3. Encourage educational expertise/perspective<br>4. Ensure that there is expertise to capture "preconception information/advice"<br>• Comment that the balance needed to be considered in terms of expertise (e.g. 80% care by midwives) |
| **Members that should be included** |
| • Comments about expertise as above. |

**Group 3**

| **Presentations** |
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| • No comments were made on the presentations. |
| **Scope** |
| **General Comments** |
| • It was clarified that this is a full update of the Antenatal Care guideline CG62 and therefore all recommendations will be replaced by this new guideline. The group suggested that the scope should map what will happen with each area included in the original guideline. |
| **Section 3** |
| **Groups that will be covered** |
| • No comments. |
| **Groups that will not be covered** |
| • No comments. |
| **Key areas that will be covered** |
| • The title does not currently reflect the inclusion of pre-conception care. |
| **Key areas that will not be covered** |
| • No comments. |
| **Equalities** |
| • No comments. |
| **Care settings** |
| • No comments. |

**Draft review questions**

**1 Preconception information, advice and planning**

The group discussed the following issues across the draft review questions in this area:

- Any testing that takes places would need to be opportunistic instead of screening as not feasible to do screening for pre conception.
- Pharmacists have a role in signposting women thinking of conceiving to relevant information.

**2 Management of co-existing conditions**

The group discussed the following issues across the draft review questions in this area:

- The group agreed this is a sensible approach.
- The UK National Screening Programme are planning a review on anaemia screening in 2018. There needs to be close working with NICE.

**3 Information and support for women**

The group discussed the following issues across the draft review questions in this area:

- The UK National Screening Programme have conducted a review on preferences for the way information is delivered.
- An NIHR review is currently being conducted into the most effective way to deliver CMV information.
- An updated Cochrane review on antenatal education is due to be published soon.
- How and when women access information needs to be covered. Many women use apps/the internet to access information that is not quality checked rather than looking to healthcare professionals for information. There needs to be sign posting to quality information.
- Handheld maternity records are being replaced with online versions, but it is not joined up across the NHS.
- RQ 3.2 is too narrow as antenatal classes come too late to be helpful. Information about health and wellbeing need to be delivered in the first trimester in a more effect way than giving women numerous leaflets.
- Prevention of infection needs to be included in the information given.

**4 Delivery of antenatal care**

- The group discussed the following issues across the draft review questions in this area:
- The group agreed that this area is a high priority as there is little variation in practice for antenatal appointments.
- The delivery of antenatal appointments could be reviewed to assess effectiveness of digital/online appointments.
- RQ 3.1 group antenatal care could be cost effective.
- A 7 day service is needed.

**5 Determining gestational age**

- No comments.

**6 Monitoring fetal growth and wellbeing**

- The UK National Screening Programme are looking at screening all pregnant women for still birth.

**7 Nutrition**

- There is a link between smoking cessation and SIDs for specific groups.

**8 Prevention of specific infection during pregnancy and for the neonate**

The group discussed the following issues across the draft review questions in this area:

- The group agreed there is a large variation in practice in this area and it should be reviewed.
- Advice is needed on testing for rubella and vitamin D. There are concerns about the non-UK population as they are less likely to have rubella vaccinations. GPs need guidance in this area.
- Occupational risks need to be looked at, for example those working in childcare are at greater risk.
- Infections transmitted from human to human (such as CMV, Chickenpox etc) need to be covered.
- Focus on risk reduction strategies for infection rather than a long list of potential problems given to women.

**9 Antenatal investigation**

The group discussed the following issues across the draft review questions in this area:

- Close working will be necessary with the UK National Screening Programme in this area.
- The group highlighted that although reviews are not needed in the areas where there is a screening programme in place, there will need to be further recommendations about what to do once the results of the screening are received.

**10 Interventions for common problems during pregnancy**

The group discussed the following issues across the draft review questions in this area:

- A number of issues that are covered in the original guideline, such as constipation, are missing here and should be reviewed.
- The evidence for acupuncture should be reviewed for this area for lower back pain, pelvic pain, mental health issues and nausea.

| GC composition |
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| **Included members** |
| • No comments. |
| **Members that should be included** |
| • No comments. |

## Group 4

| **Presentations** |
|---|
| • No comments were made on the presentations. |
| **Scope** |
| **General Comments** |
| • It was highlighted that NICE guidelines are written for the NHS in England, although they may also be relevant to the devolved nations.<br>• Screening seems to be missed off. This is covered elsewhere- Bacteuria, Chicken pox, Parvo (There may already be guidance on this - check National Screening Committee). |
| **Section 3** |
| **Groups that will be covered** |
| • No comments. |
| **Groups that will not be covered** |
| • No comments. |
| **Key areas that will be covered** |
| • No comments. |
| **Key areas that will not be covered** |
| • No comments. |
| **Equalities** |
| • No comments. |
| **Care settings** |
| • No comments. |

**Draft Review questions**

**1. Preconception information, advice and planning**

The group discussed the following issues across the draft review questions in this area:

- Folic acid should be mentioned here (this may be mentioned in another guideline).
- Needs to clarify who should be delivering pre-conception care.
- It is currently missing where you get pre conception care. Suggest revising the question to: What pre-conception care is found useful?
- There should be screening for rubella as part of pre conception? Would need to clarify who does this.

**2. Management of co-existing conditions**

- No comments.

**3. Information and support for women**

The group discussed the following issues across the draft review questions in this area:

- Evidence for the benefit of continuity of care is missing and deemed important here.
- Timing of when information is given (and how). The group would like this to include what information is given and at what stage to identify the best time points for information to be given.
- Information needed about what women should do in the early phases of labour.

**4. Delivery of antenatal care**

The group discussed the following issues across the draft review questions in this area:

- There is evidence for whether continuity of care/carer improves all outcomes/satisfaction.
- Needs to highlight when to refer for expert advice (e.g. mental health, social services).
- Previous birth trauma should be considered.
- Importance of record of antenatal care.
- There needs to be guidance on the timely review of risk: is it useful at 28, 36 weeks etc.?
- Need guidance on overarching risk assessment and what it should include – Social, mental, physical, domestic abuse.
- Type of records (electronic sharing vs. hand held) and whether this effects delivery of care.
- Should search for any evidence for one system for a whole region or country – whether this improves care, better outcomes/satisfaction.
- The group suggested a review question: What is the best model for service delivery for antenatal care?

5. **Determining gestational age**
   - No comments.

6. **Monitoring fetal growth and wellbeing**
   - No comments.

7. **Nutrition**
   - No comments.

8. **Prevention of specific infection during pregnancy and for the neonate**
   - No comments.

9. **Antenatal investigation**
   - No comments.

10. **Interventions for common problems during pregnancy**
    - No comments.

| **GC composition** |
| --- |
| **Included members** |
| • No comments. |
| **Members that should be included** |
| • No comments. |