Guideline Department	Risk Assessment for Model of Pregnancy Care Women's Health

Target Audience
Midwives, Shared Maternity Care General Practitioner, Obstetric Residents and Registrars, Obstetric Consultants

Purpose
This is intended to guide decision making and assessment at midwifery booking and at subsequent antenatal visits for inclusion in a model of care and to guide referral within and between models of antenatal care. It will assist in providing evidence based, safe and collaborative care

Guideline
The risk assessment for the appropriate model of care is undertaken by the midwife at the booking visit. If women have no risk factors, they are suitable for Group A care (see below). If there is any doubt about the relevant of risk factors, an appointment is to be made for the obstetric registrar or consultant to determine the appropriate model of care.

Use the table '**Indications for Discussion, Consultation and Referral**' located on page three of this document to decide the most appropriate model of antenatal care
These indications are presented in two sections

- Indications at commencement of care, divided into past or current medical history, preexisting gynaecological disorders and obstetric history
- Conditions developed or discovered during pregnancy
- Previous or existing conditions are divided into groups A, A+, B or C

Discuss with women which group their condition or history falls into and the recommended model of care.

Note: it is not the women who are in the group but their condition or history. Care plans may be customised according to the individual circumstances of the woman and their family.

Group A: Women with well pregnancy suitable for Midwife, GP shared care or VMO care. Women are to have an obstetric planning visit with an obstetric registrar or specialist to confirm
Group A+: Women with a low risk condition, or previous history that requires an obstetric planning visit, and a review to be conducted at the end of the pregnancy, who would otherwise be considered low risk for duration of the antenatal period.
Group B: Following the obstetric planning visit, a plan of care is to be made and documented. By default, women are offered a mix of appointments with the obstetric registrar/specialist and some with other care providers (see appendix for guide). Any variation from the default template is to be documented and implemented in liaison with the clinic midwifery and admin team.
Group C: Antenatal care to be continued by obstetric doctors at the hospital or by an accredited VMO in accordance with plan documented by an obstetric specialist.

Obstetric Planning Visit

This visit should be arranged for all women and is usually conducted at 14-16/40. If there is uncertainty about the significance of a condition at any point in the pregnancy, a referral should be made for an obstetric assessment. The referral can be made by a GP or midwife and the woman should be seen by the hospital obstetric registrar, consultant or obstetric VMO.

GP Health Check

Women who are having telehealth appointments for their booking and obstetric planning visit should see their GP, if they have not already done so, for a health check. The purpose of this is to ensure that women have a medical review and examination to exclude any obvious morbidity. The health check should comprise:

- Review of any medical history if not already done
- General health and wellbeing
- Confirm estimated date of birth (EDB)
- Provide smoking cessation and substance use advice if applicable

Systemic examination to include **(if not already done at first visit)**:

- Pulse rate, blood pressure
- Body mass index
- Cardiovascular (exclude murmurs, signs of
- Respiratory examination (exclude murmurs, respiratory conditions)
- Breast examination only if indicated from symptoms
- Thyroid examination
- Abdominal examination (exclude masses)
- Speculum examination only if indicated from symptoms with HVS, chlamydia if indicated.

Investigations **(if not already done at first visit)**

- Cervical screening test if indicated (opportunistic screening)
- Urine for MSU and urine dipstick for protein
- Urine for chlamydia screening if <25yrs or past history of chlamydia

It should be noted that this visit is not to allocate a level of risk or a model of care. Allocation of the model of care is conducted at the booking visit and in conjunction with the obstetric planning visit. If the GP identifies any issues that may alter the allocation of risk category, they should refer the woman back to the antenatal clinic for a clear plan of care to be made.

MODELS OF CARE

Midwifery care: Antenatal care is provided by hospital midwives while pregnancy remains normal and there are no group B or C conditions.

GP shared care: Antenatal care is provided by a GP who is accredited for the Peninsula Health shared maternity care program. Appointments for hospital obstetric clinic care are required at 36 weeks and at 41 weeks gestation. Women whose pregnancy is in group A and A+ are suitable for GP shared care. Women who have group B conditions may be suitable for GP shared care after an assessment and plan is made with hospital obstetric team. This plan will be recorded in BOS, printed and placed in VMR (Victorian Maternity Record), or written in the VMR. If a GP identifies risks in the pregnancy or abnormal investigations that place women is a different category of risk, the woman is to be referred to the antenatal clinic for an obstetric review to update a care plan.

Collaborative Maternity Care: Shared antenatal care with midwives and hospital obstetric staff care for women in category A+ or B.

Hospital obstetric care: Antenatal care is provided by hospital obstetric registrar and/or consultant
Private obstetrician (visiting medical officer - VMO): Antenatal care is provided by an accredited private obstetrician or Visiting Medical Officer (VMO) with labour and postnatal care provided by Frankston Hospital
Complex Pregnancy Clinic: Provided by the high risk CPC team in select cases within Group C – See referral guidelines for the CPC. Once assessed in the CPC, further care and follow up may be reallocated to other models of care such as Group B or C.
Enhanced Maternity Care (EMC) Specialist clinic for women with complex mental health, substance use, intellectual disability or are under the age of 21 years. with mental health. This is a multidisciplinary service.
Koori Maternity Service: Specialist midwifery service for families who identify as Aboriginal or Torres Strait Islander. These women may be category A for exclusively Koori midwife care , A+, B or C and have Koori midwifery support while having obstetric led care.

Key Aligned Documents
Triaging Maternity Booking Referrals
Routine Pregnancy care
Abdominal examination/palpation obstetrics and gynaecology
Advanced maternal age
Cholestasis of pregnancy
Diabetes in pregnancy
Hypertension in pregnancy
Iron deficiency anaemia in pregnancy, intrapartum and postpartum
Management of placenta praevia, placenta accrete and vasa praevia
Management of the small for gestational age or growth restricted fetus
Perinatal mental health
Prenatal Screening Tests
Reduced fetal movement
Twin pregnancy

Evaluation
Evaluation is through the reporting of events with the VHIMS system, in depth case reviews and audit through Women's Health morbidity and mortality meetings

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Appendix 1: Indications for models of care

Indications at commencement of care

Past History or Current Medical Conditions

Condition	Group
Anaesthetic difficulties	
Previous failure or complication	B
Malignant hyperthermia	B
Autoimmune connective tissue disorders	
SLE	
Active OR major organ involvement OR on medication OR positive Ro/La OR coexisting anti-phospholipid or ITP	CPC
Inactive, no renal involvement, no hypertension, or only skin/joint problems	C
Scleroderma	CPC
Raynaud's disease	CPC
Periarteritis Nodosa	CPC
Rheumatoid Arthritis	CPC
Sjörgen's syndrome	CPC
Other automimmune disease	B/C
BMI	
BMI below 18	B
BMI above 35	B
BMI above 40	C
Cardiovascular disease	
Arrhythmia/palpitation; murmurs: recurrent, persistent or associated with other symptoms	B
Cardiac valve disease/replacement	CPC
Cardiomyopathy	CPC
Congenital cardiac disease	CPC
Ischaemic cardiac disease	CPC
Pulmonary hypertension	CPC
Other cardiac disease	C/CPC
Chronic Hypertension – poorly controlled	CPC
Chronic hypertension – well controlled	C
Drugs of dependence or misuse	
Use of alcohol and other drugs	SMC/B
Medicine use of concern (Mothersafe 1800 647 848)	B
Endocrine	
Diabetes Type 1 or 2	CPC
Addison's, Cushing's or hyperthyroid disease requiring treatment	CPC
Hypothyroidism (subclinical)	B
Hyperthyroidism (subclinical)	B
Other thyroid diseases	B
Previous gestational diabetes (A+/B depending on testing outcome)	A+/B
Gastrointestinal	
History of obstetric cholestasis	C
Inflammatory bowel disease (ulcerative colitis, Crohn's)	CPC

Condition	Group
Bariatric surgery (gastric sleeve or banding) – weight still changing or <1yr	CPC
Bariatric surgery (gastric sleeve or banding) – weight stable for >1yr	B
Hepatitis B with positive serology (hBsAg+) (stable LFTs)	B
Hepatitis C (stable LFTs), consider SMC	B
Irritable bowel syndrome (once confirmed by obstetric team)	A
Constipation (managed by GP)	A
Genetic - any condition	C
Haematological	
VTE in this pregnancy	CPC
Previous history of thromboembolic disease (on anticoagulation)	CPC
Previous history of thromboembolic disease (not on anticoagulation)	C
Thrombocytopaenia platelets less than 150 $x10^9$	C
Thrombocytopaenia – platelets less than 100 $x10^9$	CPC
Coagulation disorder (Von Willebrand's, haemophilia)	CPC
Haemolytic anaemia	CPC
Rhesus antibodies (pre-existing or not explained by routine prophylaxis)	CPC
Haemoglobinopathies	
Sickle cell disease	CPC
Thalassaemia major	CPC
Thalassaemia minor – partner carrier	CPC
Thalassaemia minor – partner negative	C
Thrombophilia	
Anti Phospholipid antibodies or hereditary thrombophilia other than MTFHR mutation heterozygous	CPC
MTFHR mutation heterozygous	B
Others	
Red cell antibodies detected (see section on acquired conditions below)	CPC
Hereditary anaemia (eg spherocytosis)	B
Anaemia –iron deficiency anaemia, intrapartum and postpartum	B
Women declining blood products	B
Rhesus negative requiring Anti D	A
Infectious Diseases (recent or current)	
Covid	CPC
Cytomegalovirus	CPC
Parvovirus infection	CPC
Rubella	CPC
Syphilis (previously treated = B)	C
HIV	CPC
Toxoplasmosis	CPC
Tuberculosis : Active	CPC
Varicella or Herpes Zoster infection	CPC
Chlamydia, gonorrhoea in this pregnancy	B
Listeriosis	B
Trichomoniasis	B
Parasitic infection	A/B
Other infection for advice/plan	A/B
Previous GBS positive neonate	A+

Condition	Group
Genital herpes	A+
Maternal age	
Under 16 years of age	B/YWC
Over 40 years of age with comorbidities	C
Over 40 years, multiparous	B
Over 35 years of age, primiparous	B
35-39 years multiparous	A+
Neurological	
Muscular or Myotonic Dystrophy	CPC
Myasthenia gravis	CPC
Spinal cord lesion (paraplegia or quadriplegia)	CPC
Subarachnoid haemorrhage, aneurysm	CPC
Epilepsy with seizure or medication in past 12 months	CPC
AV malformation	CPC
Epilepsy without medication and no seizure in the past 12 months	B
Multiple sclerosis (stable B, recent deterioration CPC)	B/CPC
Bell's palsy	A
Organ Transplant	CPC
Perinatal Mental Health Problems *consider Perinatal Mental Health Clinic referral and/or SMC	
Puerperal psychosis	C
Eating Disorder	C
Moderate/severe depression EPDS above 12 or positive response re self-harm	B/C
Postpartum depression	B/C
Psychiatric condition requiring medication other than well controlled depression/ anxiety	B
Well controlled depression / anxiety under care of GP	A
Renal function disorder	
Disorders causing impaired renal function	CPC
Glomerulonephritis	CPC
Previous kidney surgery with potential to impair kidney function in pregnancy	CPC
Pyelitis/pyelonephritis	B
Recurrent UTI	B
Other renal	B
Respiratory Disease	
Severe or deteriorating asthma (recent steroids or admission in pregnancy)	CPC
Covid in this pregnancy (see Covid in Pregnancy) CPG	CPC
Sarcoidosis	CPC
Influenza in this pregnancy	C
Lung function disorder (depending on condition)	B/ CPC
Moderate asthma (oral steroids in past year and maintenance therapy)	B
Mild asthma – well controlled by GP	A
Skeletal Disorders	
Osteogenesis imperfecta	B/C
Scheuermann's disease	B/C
Spondylolisthesis	B/C
History of developmental skeletal disorders	B
Musculoskeletal disorders with compromised function	B

Condition	Group
Pelvic injury no compromised function	A+
Scoliosis no compromised function	A+
Skin - Dermatological disease requiring systemic therapy	B
Social	
Current or previous child protection, poor attender, family violence (SMC)	B/C
System/connective tissue disorders	
Marfan's syndrome/Reynaud's disease	CPC
Other systemic and rare disorders	CPC

Obstetric History

Condition	Group
Red cell incompatibility	
Anti-Red cell antibodies including but not exclusively Rh, Kell, Duffy, Kidd	CPC
Anti-Platelet antibodies (Neonatal alloimmune thrombocytopaenia)	CPC
Caesarean section	
Lower segment	A+
Classical or T-incision	C
Cervical weakness	C
Cervical suture in this or previous pregnancy	CPC
Cervical laceration	C
Cholestasis	C
Congenital and/or hereditary disorder of a previous child (consider FDU/CPC)	B
Forceps or vacuum assisted birth (B if wishes to debrief)	A/B
Grand multiparity parity greater or equal to 5	B
Hypertension	
Eclampsia/Severe preeclampsia or HELLP	C
Gestational hypertension (previous)	B
Preeclampsia (previous B, current C)	C
FGR birth weight below 10th percentile using Dobbins chart	B
Macrosomia birthweight above 4.5kg	A+
Neonatal hypoxic injury or Apgar below 7 at 5 minutes	B
Perinatal death	B/C
Placenta	
Abruption	B
Accreta	C
Manual removal	A+
Postpartum haemorrhage	A+
Preterm birth before 37 weeks gestation	B
Previous neonatal GBS infection	A+
Recurrent miscarriage 3 or more first trimester	B
Rhesus isoimmunisation	C
Shoulder dystocia	A+
Termination of pregnancy > 3	B
Trophoblastic disease hydatiform mole or vesicular mole in past 12 months	B
Third or fourth degree perineal laceration	A+
Pelvic floor dysfunction	B/C
Previous mid trimester pregnancy loss	B/C
Other significant obstetric event	B/C

Previous Gynaecological History

Condition	Group
Cervical abnormalities	
Cervical screening result needing follow up	B
Cervical amputation	B
Cervical surgery - cone biopsy, LETZ x2, preterm birth	C
Cervical surgery - single LLETZ	A
Cervical surgery with subsequent term vaginal birth	A/B
Female Genital Mutilation	B
Fibroids	B
Infertility treatment	B
Intrauterine contraceptive device in situ	B
Pelvic deformities (trauma, congenital or acquired deformity)	B
Pelvic floor reconstruction	
Colposuspension for prolapse, fistula repair, mesh repair	C
Vaginal repair for prolapse (non mesh)	B
Uterine abnormalities	
Myomectomy/hysterotomy	C
Bicornuate uterus/unicornuate uterus or other congenital reproductive tract anomaly	C

Indications developed / discovered during pregnancy

Condition	Group
Planned adoption, surrogacy	B
Cervical weakness	
Cervical length shorter than 25mm under 24/40	CPC
Cervical suture in this pregnancy	CPC
Cervix cytology abnormality	B/C
Ectopic pregnancy	C
Endocrine	
Gestational diabetes diet controlled (Normal BGL and plan of care arranged) GDM requiring insulin, macrosomia, or polyhydramnios.	A+ C
Subclinical hypothyroidism, hypothyroidism, hyperthyroidism	B
Other endocrine disorder requiring treatment	C
Fetal anomaly	CPC
Fetal death in utero	C
Fetal growth / fluid volume	
FGR <5th% in 2nd trimester	CPC
FGR <3rd% in 3rd trimester	CPC
FGR with UA or CPR >95th%, AREDF, MCA PI<5th%	CPC
FGR>3rd but <10th%	C
FGR risk assessment (see assessment tool) Level 2 risk	B
FGR risk assessment level 3	C
SFH deviating from expected growth trajectory	B
Polyhydramnios >30cm	CPC

Condition	Group
Polyhydramnios 25-30cm	C
Oligohydramnios in second trimester	CPC
Oligohydramnios in the third trimester	C
Fibroids	B
Gastrointestinal and Hepatobiliary	
Cholestasis	
Random bile acids >40umol/L	CPC
Random bile acids <40umol/L	C
Cholecystitis or biliary colic	B
Acute Hepatitis or jaundice	CPC
Other acute gastrointestinal or hepatobiliary presentation	B
Nausea, vomiting, GORD well controlled by GP	A
Haematological	
Blood group incompatibility	CPC
Thrombosis	CPC
Thrombocytopaenia platelets below 100 $x10^9$/L	CPC
Thrombocytopaenia platelets below 150 $x10^9$/L	C
Iron deficiency anaemia	B
Mean corpuscular volume (MCV) below 80	B
Rhesus negative requiring Anti D	A
Hernia nuclei pulposi (slipped disc)	B
Hypertension	
Eclampsia	C
Gestational hypertension BP above 140/90	C
Pre-eclampsia	C
Infectious diseases	
See medical conditions above	
Insufficient antenatal care	B/C
Perinatal mental health issues	
EPDS above 12 or positive response to self harm	B/C/PMH*
Mental health issue requiring commencement of medication	B/C/PMH*
Placental indications	
Placental abruption	C
Placenta accreta	CPC
Vasa praevia	CPC
Placenta praevia (major at 20/40, or with APH, or minor after 32/40)	C
Placenta praevia (minor at 20/40)	A+
Abnormal cord insertion (velamentous or marginal cord insertion)	B
Post term pregnancy	
More than 42 weeks gestation	C
More than 41 weeks gestation	B
Preterm ruptured membranes	
Threatened Preterm labour	B/C
In 2nd trimester	
Reduced fetal movements	
First presentation with normal CTG	B
Second or recurrent presentation	C
Renal function disorders	

Condition	Group
Haematuria or proteinuria	B
Urinary tract infections	B
Pyelitis/pyelonephritis	B
Surgery during pregnancy	B/C
Malpresentation at 36 weeks	C
Fetal head not engaged at 40 weeks	C
Multiple pregnancy	
MCDA Twins	CPC
DCDA Twins – EFW <10th centile in either twin, abnormal AFI/Dopplers, FDIU in one twin in 2nd or 3rd trimester	CPC
DCDA Twins - uncomplicated	C
Vaginal blood loss	
Recurring loss before 12 weeks gestation	B
Vaginal blood loss at or after 12 weeks	B

Appendix 2: Summary of Risk Assessment

Women's Health
Risk Assessment for Model of Care
Summary of Risk Groups
Suitable for Low Risk Care

Group A:	**Low Risk**
No clinical risks Rhesus negative (antibody negative) for anti D Minor medical conditions managed by GP including: Mild asthma Controlled anxiety/depression Irritable bowel syndrome Parasitic infection Single LETZ procedure	Obstetric conditions: Uncomplicated instrumental birth (unless req debrief) Diastasis of rectus muscles (with physio) Mild pelvic instability (with physio) Common symptoms of pregnancy (nausea, constipation, GORD, haemorrhoids, constipation) controlled under care of GP
Group A+:	**Low Antenatal Risk, Perinatal Plan Required**
History of genital herpes Low (minor) placenta at 20/40, no history of APH Scoliosis with no compromised function Pelvic trauma or deformities no compromised function Diet controlled GDM (refer if macrosomia or insulin required) Maternal age 35-39yrs, multiparous	Obstetric history of: Caesarean section with no other risk factors Shoulder dystocia Macrosomia (birthweight >4.5kg) PPH Third or fourth degree tear, no ongoing dysfunction Manual removal of placenta Neonatal GBS infection

Obstetric Indications

Group B:	**Medium Risk**
Adoption **/** Surrogacy Abdominal pain Abnormal cord insertion (marginal or velamentous) Congenital and/or hereditary disorder of a previous child (consider FDU/CPC) Forceps or vacuum assisted birth who wishes debrief FGR (previous) birth weight between 5th and 10th centile FGR level 2 risk factors Grand multiparity parity greater or equal to 5 Macrosomia birthweight above 4.5kg Manual removal of placenta Mid-trimester fetal loss Neonatal hypoxic injury or Apgar below 7 at 5 minutes Placental abruption Placenta praevia (major at 20/40 but minor at 32/40)	Postpartum depression (B or C and SMC where appropriate**)** Preeclampsia or gest hypertension (previous preg) Preterm birth before 37 weeks' gestation Suspected FGR (deviation from expected growth trajectory) Termination of pregnancy > 3 Threatened preterm labour Third or fourth degree perineal tear – ongoing symptoms Trophoblastic disease hydatidiform mole or vesicular mole in past 12 months Pelvic floor dysfunction (B or C) Previous mid trimester pregnancy loss (B or C) Reduced fetal movements (first pres^{n} with normal CTG)
Group C:	**Higher Risk**
Breech or malpresentation at 36/40 Classical or T-incision caesarean Cervical weakness, length shorter than 25mm, Cx suture Cervical laceration Cholestasis (BA<40umol/L) FGR (previous) birth weight below 5th % using Dobbins FGR (current) EFW >3rd but <10th% on FGR risk Level 3 Hypertension	Perinatal death (B or C where appropriate) Pre-eclampsia or gest hypertension (current pregnancy) Past eclampsia, severe preeclampsia or HELLP Placenta praevia (major after 32/40 or with APH) Polyhydramnios >25cm but <30cm Oligohydramnios in 3rd trimester Preterm ruptured membranes from 32/40 Reduced fetal movements (recurrent) Twins (DCDA uncomplicated)
Group CPC:	**Complex Pregnancy Clinic**
Cholestasis BA>40umol/L Fetal anomaly FGR EFW <5th% in 2nd trimester FGR EFW <3rd% in 3rd trimester FGR with UA or CPR>95th%, AREDF Hypertension - unstable	Oligohydramnios in 2nd trimester Polyhydramnios >30cm Placenta accreta (past or suspected) Preterm ruptured membranes (2nd trimester) Twins (MCDA, DCDA with FGR, abnormal AFI/Dopplers) Vasa praevia

Women's Health
Risk Assessment for Model of Care
Summary of Risk Groups

Peninsula Health

Medical Indications

Group B: Medium Risk	
Age: Under 16yrs (+YWC), over 35yrs in primip, over 40yrs in multip. **AOD:** Alcohol and other drug use (Also SMC) **Anaes:** Previous anaesthetic complications. Malignant hyperthermia **BMI:** <18 or from ≥35 to <40 **Card:** Heart murmurs or palpitations **Derm:** Skin condition requiring systemic therapy **Endo:** Subclinical thyroid disease **GI:** Hepatitis B or C (stable LFTs) Bariatric surgery – weight stable >1yr **Haem:** Hereditary spherocytosis, iron deficiency anaemia Women declining blood products. MTFHR mutation heterozygous **ID:** Chlamydia or gonorrhoea in this pregnancy, listeriosis, trichomoniasis, other infection for advice/plan. Previously treated syphilis	**MSk:** Developmental skeletal disorders, osteogenesis imperfecta, Scheuermann's disease, scoliosis, spondylolisthesis (C if compromised function) **Neuro:** Epilepsy without medication and no seizure in the past 12 months, stable multiple sclerosis **Pharm:** Prescription medication in category 3, 4 and X **Psy:** Moderate/severe depression (EPDS above 12 or positive response re self-harm), psychiatric condition requiring medication, consider Perinatal Mental Health **Resp:** Moderate asthma (oral steroids in past year and maintenance therapy) Lung function disorder (incl Resp consultation) **Renal:** Recurrent UTI, haematuria, proteinuria **Rheum:** Inactive auto immune disease on no medication
Group C: Higher Risk	
Age: >40 yrs with comorbidities **BMI:** ≥40 kg/m^2 **Card:** Hypertension - controlled **Endo:** GDM requiring insulin or causing macrosomia/polyhydramnios **GI:** Inflammatory bowel disease (Crohn's or UC) Obstetric cholestasis (BS<40umol/L)	**Haem**: Hx of thromboembolic disease (not on anticoagulation), thrombocytopaenia (Pl <150 x10^9), thalassaemia minor – partner negative. **Psy:** Hx of puerperal psychosis, eating disorder **Resp:** Influenza in this pregnancy **Social:** Current or previous child protection(SMC) poor attender, family violence
Group CPC: Complex Pregnancy Clinic	
Card: Cardiac valve disease/replacement, cardiomyopathy congenital cardiac disease, uncontrolled hypertension, ischaemic cardiac disease, pulmonary hypertension, other cardiac disease **Endo:** Type 1 and 2 diabetes. Addison's, Cushings or Clinical hyperthyroidism **GI:** Inflammatory bowel disease (Crohn's or UC) Obstetric cholestasis (current, BS>40umol/L) Bariatric surgery <1yr or unstable weight **Gen:** Genetic disease (eg cystic fibrosis) **Haem:** Hx of thromboembolic disease (on anticoag), coagulation disorder, haemolytic anaemia, haemoglobinopathies (S or C), thalassaemia, thrombocytopaenia (<100 x10^9), inherited or acquired thrombophilias. ABO incompatibility, active blood incompatibility, anti-Red cell antibodies including but not exclusively Rh, Kell, Duffy, Kidd, anti-Platelet antibodies (neonatal alloimmune thrombocytopaenia)	**ID:** In this pregnancy: SARS-Cov-2, cytomegalovirus, parvovirus, HIV, rubella, toxoplasmosis, TB, varicella/zoster **Neuro:** AV malformation, epilepsy with seizure or medication in past 12 month, muscular or myotonic dystrophy, myasthenia gravis, spinal cord lesion (paraplegia or quadriplegia), muscular or myotonic dystrophy, subarachnoid haemorrhage, aneurysm **Organ transplant:** Any **Renal:** Abnormal renal function, glomerulonephritis Previous kidney surgery with potential to impair kidney function in pregnancy **Resp:** Severe or deteriorating asthma (recent steroids or admission in pregnancy), Covid in the pregnancy, sarcoidosis **Rheum:** Active SLE either on treatment or with organ disease, anti Ro/La, antiphospholipid syndrome. Scleroderma, Raynaud's disease, periarteritis nodosa, rheumatoid arthritis, Sjörgen's syndrome Marfan's syndrome/Reynaud's disease

Women's Health
Risk Assessment for Model of Care
Summary of Risk Groups
Gynaecological Indications

Group B:	**Medium Risk**
Cervical screening result needing follow up Female Genital Mutilation Fibroids Infertility treatment	Intrauterine contraceptive device in situ Miscarriage (threatened or multiple) Pelvic bone deformities (trauma, congenital or acquired with symptoms) Pelvic floor repair (see below)
Group C:	**Higher Risk**
Colposuspension or mesh following prolapse repair, previous fistula Cone biopsy or LLETZx2	Myomectomy/hysterotomy, bicornuate uterus/unicornuate uterus or other congenital uterine anomaly

Abbreviations

AOD	Alcohol and other drugs	GORD	Gastro-oesophogeal reflux disease
Anaes	Anaesthetic	Haem	Haematological
AREDF	Absent or reversed end-diastolc flow	ID	Infectious diseases
BMI	Body mass index	LLETZ	Large loop excision of the transformation zone
Card	Cardiac	MCDA	Monochorionic diamniotic
CF	Cystic Fibrosis	MSk	Musculoskeletal
CPR	Cerebral/Placental ratio	Neuro	Neurological
Derm	Dermatological	Pharm	Pharmacological
DCDA	Dichorionic diamniotic	PIH	Pregnancy induced hypertension
EFW	Estimate fetal weight	PMH	Perinatal Mental Health
Endo	Endocrinological	Psy	Psychiatric
EPDS	Edinburgh postnatal depression score	Resp	Respiratory
FGR	Fetal growth restriction	Rheum	Rheumatological
GBS	Group B Streptococcus	SMC	Special maternity clinic
GDM	Gestational diabetes mellitus	UA	Umbilical artery doppler
Gen	Genetic	UC	Ulcerative Colitis
GI	Gastrointestinal	YWC	Young Women's Clinic

Pregnancy Models of Care Recommended Schedule of Visits				
	Group A	**Group A+**	**Group B**	**Group C /CPC**
Week of Pregnancy	**Low risk primary maternity care** Suitable for - *midwife care, GP shared care, private obstetrician, private midwife*	**Low risk maternity care with perinatal plan** Suitable for - *midwife care, GP shared care, private obstetrician, private midwife*	**Medium risk collaborative maternity care*.** Suitable for – *collaborative hospital obstetric and midwife care, specialty maternity clinic, young women's clinic, private obstetrician, hospital obstetric care*	**High risk specialist obstetric care*** Suitable for – *hospital obstetric care, complex pregnancy care, private obstetrician*
6-10 weeks (confirmation of pregnancy early pregnancy screening)	GP / VMO	GP / VMO	GP /VMO	GP /VMO
10-14 weeks (Hospital booking initial model of care triage)	Midwife	Midwife	Midwife	Midwife
14-16 weeks (obstetric planning visit)	Hospital obstetric doctor, VMO	Hospital obstetric doctor, VMO	Hospital obstetric doctor, VMO (obstetric planning visit)	Hospital obstetric doctor, VMO (obstetric planning visit)
20-24 weeks (after morphology scan)	Midwife, VMO, Shared care GP	Midwife, VMO, Shared care GP	Hospital obstetric doctor, VMO	Hospital obstetric doctor, VMO
28 weeks (after OGTT, Gp antibodies, FBE, anti D administration)	Midwife, VMO, Shared care GP	Midwife, VMO, Shared care GP	Midwife, hospital obstetric doctor, VMO, shared care GP *(women having growth scans require obstetric or VMO review)*	Hospital obstetric doctor, VMO
32 Weeks	Midwife, VMO, Shared care GP	Midwife, VMO, Shared care GP	Hospital obstetric doctor, VMO	Hospital obstetric doctor, VMO
34 weeks Anti D administration	Midwife - birth planning and pregnancy education (may replace or be in addition to VMO or share care GP visit)	Hospital obstetric doctor, VMO – confirm birth plan. (Plus Midwife – pregnancy education if not already discussed)	Midwife -birth planning and pregnancy education (may replace or be in addition to hospital obstetric, VMO or shared care GP visit)	Midwife -birth planning and pregnancy education (in addition to hospital obstetric, VMO)
36 weeks	Midwife, VMO, Shared care GP	Midwife, VMO, Shared care GP	Hospital obstetric doctor, VMO	Hospital obstetric doctor, VMO
38 weeks	Midwife, VMO, Shared care GP	Midwife, VMO, Shared care GP	Midwife, hospital obstetric doctor, VMO, share care GP ***(women with risk factors for FGR require hospital obstetric or VMO review***.	Hospital obstetric doctor, VMO
39 weeks	Midwife, VMO, Shared care GP	Midwife, VMO, Shared care GP	Midwife, hospital obstetric doctor, VMO, share care GP ***(women with risk factors for FGR require hospital obstetric or VMO review)***	Hospital obstetric doctor, VMO
40 +/- 41 weeks* ***(post dates monitoring and induction of labour planning)***	Midwife, VMO, hospital obstetric doctor	Midwife, VMO, hospital obstetric doctor	Hospital obstetric doctor, VMO	Hospital obstetric doctor, VMO

*schedule additional visits as required

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