

## **‘Green’ Collaborative Maternity Care Pathway**

Version 4

June 2014



**If this is a hard copy it might not be the latest version of this document. Please review the Eastern Health ‘Objectify’ for the most current policies, protocols and guidelines.**

**Aim:** To provide timely, well planned and well communicated maternity care in a collaborative multi-professional manner, where the women is the centre-point.

## Background:

In 2009, Eastern Health recognised the need to improve continuity of care, collaboration, communication, care planning and documentation throughout the maternity service.

Eastern Health's 'Expected Pathways of Care for Pregnant Women' project was developed incorporating the 'Green Collaborative Maternity Care Pathway', 'Guidelines for Consultation and Collaborative Maternity Care Planning' and the 'Eastern Health Handheld Maternity Record'.

The project was piloted at Yarra Ranges Health and the Angliss Hospital Family Birth Centre antenatal clinics from June - December 2010, and following evaluation, full implementation was approved for launch in 2011.

**The green pathway is a defined pathway of care for women with no medical or obstetric problems, and with an uncomplicated pregnancy.**

The green pathway has been developed and refined to enable women to make informed decisions about their maternity care by ensuring that they are given reliable information about all their options. The woman can choose maternity care that is based on the best evidence and is appropriate for themselves and their individual needs. This maternity care is planned, documented electronically and stored in a handheld maternity record that is owned and carried by the woman throughout pregnancy.

## ***'Nothing about you without you'***

'Collaboration' in maternity care is a process of sharing communication and information with the woman and other maternity clinicians to provide safe, woman-centred care.

## Instructions for use:

- Ensure '**Green pathway – routine care**' is recorded in the woman's obstetric management plan, with a copy printed for the handheld maternity record
- Ensure the handheld maternity record on the front page has the maternity care pathway section completed and updated as appropriate
- Follow the schedule of visits
- Follow the antenatal visit guide for what to assess, discuss and organize for the woman at each visit
- Discussion points marked with ✓ have related information on the Eastern Health Maternity Website that the woman can access and read:  
[www.easternhealth.org.au](http://www.easternhealth.org.au) (click 'Maternity Services')

**Related clinical practice guidelines and quick reference algorithms are listed on the bottom of each page**

## Should complication/s be detected in pregnancy:

- Refer to the Eastern Health 'Guidelines for Consultation and Collaborative Maternity Care Planning' to define the appropriate level of lead clinician for assessment and planning of ongoing care
- Document in the Management Plan on birthing Outcomes system ( BOS: Date, Your Name and Designation, Condition/s, Referral to Clinician's Name and Designation
- Update the Maternity Care Pathway section on the front page of the Eastern Health Maternity Record

## NOTE:

An **amber** indication requires assessment by the appropriate level of clinician, followed by a **decision** on which pathway the woman is now assigned- either **green pathway** if the indication is not complicating this pregnancy, or **red pathway** if the indication is complicating this pregnancy.

A **red** indication usually means ongoing care in the **red pathway**. The frequency of visits will vary, depending on the individual needs of the woman. Antenatal care will be **planned** by the lead clinician, as indicated in the 'Guidelines for Consultation and Collaborative Maternity Care Planning', and a schedule of visits with midwives and/or doctors decided.

Key visits with the lead clinician should be defined, particularly for planning for labour and birth. This document should be used for women in the **red pathway** as a guide to **routine** investigations, tests, assessments and discussion points throughout pregnancy

## 'Green pathway' antenatal visit schedule:



## GP booking visit - ideally prior to 10 weeks gestation

### Assess:

- Identify known medical/ obstetric / mental health risk factors that clearly require early assessment (refer to the SMS Criteria for Referral)
- Physical wellbeing:
  - Auscultate heart and lungs
  - Blood pressure
  - Pap smear screening history and results

### Discuss:

- Folic acid supplementation
- Food hygiene, including how to reduce the risk of food-acquired infection
- Lifestyle, including smoking cessation✓, recreational drug use and alcohol consumption, healthy diet and exercise, emotional wellbeing (refer to Beyond Blue guidelines)
- Vaccinations for childbearing women:
  - Influenza (recommended for all pregnant women in 1st trimester)
  - Whooping cough booster (recommended for close family and woman postnatally)
- Antenatal screening, including risks, benefits and limitations of the screening tests:
  - Blood group and antibody screen✓
  - Full blood examination✓
  - Rubella susceptibility✓
  - Syphilis serology✓
  - MSU for asymptomatic bacteruria✓
  - Hepatitis B and C virus✓
  - HIV✓
  - 8-10 week dating scan if uncertainty about dates✓
- Genetic screening
  - Combined screening: ✓
    - Serum screening at 10 weeks gestation
    - Ultrasound at 11.0 - 13.6 weeks gestation
- As indicated, discuss and offer:
  - Vitamin D screening✓
  - Haemoglobinopathy screening✓
  - Varicella screening✓
  - Referral to Genetic Counsellor
  - Chlamydia screening✓

### Organize:

- Referral to Eastern Health for ongoing maternity care via the online booking system <http://www.easternhealth.org.au/services/maternity/booking/default.aspx>
- Referrals & copies of pathology & imaging reports can be emailed to [maternitybookings@easternhealth.org.au](mailto:maternitybookings@easternhealth.org.au) or they can be faxed to:  
**Maternity booking office, Fax No 97646316**
- **OR** Copies to be given to woman to bring to her first appointment ( they can then be filed in her handheld record)
- The Maternity booking office telephone contact is: **9764 6316**

## Midwife booking visit- 12-14 weeks

### Assess:

- Complete maternity booking- review maternity booking information
- Potential or actual medical/ obstetric complications
- Aboriginal or Torres Strait Islander heritage
- Physical health, including:
  - Height, weight and BMI
  - Blood pressure
  - Urinalysis

### Discuss:

- Pathology and screening test results ✓
  - Blood group and antibody screen ✓
  - Full blood examination ✓
  - Rubella susceptibility ✓
  - Vitamin D levels ✓
  - Syphilis serology ✓
  - HIV, Hepatitis B and C (Counselling prior to ordering these tests must be undertaken by a clinician qualified to do so ✓)
  - Ultra sound scans (if appropriate) ✓
  - Genetic screening/ diagnostic testing ✓
  - Chlamydia screening ✓
- The role of the collaborative maternity team ✓
- Good nutrition, exercise and recommended weight gain in pregnancy ✓
- Food hygiene ✓
- Sexual activity in pregnancy
- Breastfeeding ✓
- Smoking cessation- ✓ ask, advise, assess and assist all women
- 18-20 week morphology and fetal wellbeing ultrasound scan ✓
- Use of the EH hand held maternity record and EH maternity website

### Organize:

- Referrals as appropriate (see Eastern Health 'Guidelines for Collaborative Maternity Care Planning' and SMS criteria for referral)
- 18-20 week morphology and wellbeing ultrasound scan
- Documentation of maternity care pathway on BOS management plan and care model.
- Complete front page of Eastern Health hand held maternity record and
- QUIT referral form for smoking cessation
- Generate customized fetal growth chart- provide one copy for handheld maternity record and one copy for scanning into CPF

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### Related clinical practice guidelines- see 'objectify' for full list

- Obesity in pregnancy *quick reference algorithm available*
- Antenatal Management of Diabetes *quick reference algorithm available*
- Hypertensive disorders in pregnancy *quick reference algorithm available*
- Vitamin D insufficiency or deficiency *quick reference algorithm available*
- Birth after Caesarean section *quick reference algorithm available*

## Medical check visit – 16 weeks

### Assess:

- Complete/ review maternity booking information
- Potential or actual medical or obstetric complications
- Risk factors for:
  - Thrombo-embolism (view CPG)
  - Obstetric haemorrhage (view CPG)
- Physical health, including:
  - Teeth
  - Heart
  - Breasts
  - Abdomen
  - Pelvis
  - BMI
  - Pap smear
  - Blood pressure

### Discuss:

- Abnormal pathology and screening test results, referrals and management planning
- Good nutrition, exercise and recommended weight gain in pregnancy ✓
- Sexual activity in pregnancy
- Smoking cessation- ✓ ask, advise, assess and assist all women
- Benefits of breastfeeding ✓
- Influenza vaccination ✓

### Organize

- Referrals as appropriate (see Eastern Health 'Guidelines for Collaborative Maternity Care Planning')
- Documentation of medical check in BOS 'Medical Check' screen
- Documentation of Management Plan on BOS- including:
  - Management of any risk factors identified in antenatal/ intrapartum/ postnatal/ neonatal period
  - The appropriate ongoing pathway of care for clinical needs
  - Ensure copy is provided for the hand held maternity record**NB If BOS is unavailable, ensure a copy of management plan is scanned into EH Clinical Patient Folder**
- Complete front page of Eastern Health hand held maternity record to indicate care pathway
- QUIT referral form for smoking cessation

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### Related clinical practice guidelines- see 'objectify' for full list

- Obesity in pregnancy *quick reference algorithm available*
- Antenatal Management of Diabetes *quick reference algorithm available*
- Hypertensive disorders in pregnancy *quick reference algorithm available*
- Vitamin D insufficiency or deficiency *quick reference algorithm available*
- Birth after Caesarean section *quick reference algorithm available*
- Thromboprophylaxis
- Postpartum haemorrhage *care bundles and quick reference algorithms available*

## 20-22 weeks

### Assess:

- Blood pressure
- Symphysis- fundal height
- Auscultate fetal heart
- Urinalysis

### Discuss:

- Review, discuss and record results of anomaly ultrasound scan
- Symptoms of pre-eclampsia ✓  
Tell women to seek advice from a healthcare professional immediately if they experience any of the below:
  - severe headache
  - problems with vision such as blurring or flashing before eyes
  - severe pain just below ribs
  - vomiting
  - sudden swelling of face, hands or feet.
- Offer screening for:
  - GCT ✓
  - Full blood estimation ✓
  - Atypical red-cell allo-antibodies ✓
- Smoking behaviour/ cessation ✓ - ask, advise, assess and assist all women
- Continence/ pelvic floor exercises ✓
- Breastfeeding- role of lactation consultant, antenatal breastfeeding classes ✓
- Childbirth education ✓
- Anti D prophylaxis ✓

### Organize:

- Serum screening for GCT, FBE and antibodies as required
- Referral to Physio if required (continence)
- Appropriate documentation and referral if complications are detected using the Guidelines for Consultation and Collaborative Maternity Care Planning
- Review and update pregnancy management plan in BOS and handheld maternity record

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### Related clinical practice guidelines- see 'objectify' for full list

- Antenatal Management of Diabetes *quick reference algorithm available*
- Hypertensive disorders in pregnancy
- Breastfeeding
- Anti-D Universal Rh (D) prophylaxis for all Rh (D) Negative women *quick reference algorithm available*

## 28 weeks

### Assess

- Weigh woman and record pregnancy weight gain
- Measure blood pressure
- Test urine for proteinuria
- Measure symphysis- fundal height (plot & document FH on the previously generated customised growth chart at booking visit)
- Auscultate fetal heart
- Record reported fetal movements

### Discuss

- Review discuss and record blood results, including
  - GCT (offer GTT as appropriate)
  - FBE (assess Hb, recommend iron supplementation if >10.5g/dL, and consider telephone consultation with level 2 clinician if other concerns)
- Positive benefits associated with good nutrition and exercise in pregnancy ✓
- Breastfeeding: ✓
  - Positive health benefits of breast feeding for mothers and babies
  - Skin to skin, breastfeeding on demand, rooming in, problems associated with early introduction of dummies and teats
- Length of stay, including Midcare and MCHN services, and PN check with GP
- Smoking behaviour/ cessation ✓ - ask, advise, assess and assist all women
- If Rhesus negative, offer Anti D prophylaxis ✓

### Organize

- Anti D prophylaxis
- GTT
- As indicated- repeat ultra sound scan at 32/40 if low lying placenta previously detected
- Appropriate referral if complications are detected
- Documentation of appropriate maternity care pathway
- Review and update pregnancy management plan in BOS and handheld maternity record

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### Related clinical practice guidelines- see 'objectify' for full list

- Antenatal Management of Diabetes *quick reference algorithm available*
- Hypertensive disorders in pregnancy
- Breastfeeding
- Obesity in pregnancy *quick reference algorithm available*
- Anti-D Universal Rh (D) prophylaxis for all Rh (D) Negative women *quick reference algorithm available*

## 31 weeks

### Assess

- Measure blood pressure
- Test urine for proteinuria
- Measure symphysis- fundal height (plot and document FH measurement on customised growth chart)
- Auscultation of fetal heart
- Fetal movements
- Presentation and lie

### Discuss

- Review discuss and record GTT ✓
- Healthy diet and exercise, including pelvic floor exercises ✓
- Preparation for labour and birth, including the birth plan ✓
- Recognizing active labour and working with pain ✓
- Smoking behaviour/ cessation ✓ - ask, advise, assess and assist all women
- Anti D prophylaxis ✓

### Organize

- As indicated- repeat ultra sound scan at 32/40 if low lying placenta previously detected
- Appropriate referral if complications are detected
- Documentation of appropriate maternity care pathway
- Review and update pregnancy management plan in BOS and handheld maternity record

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### Related clinical practice guidelines- see 'objectify' for full list

- Antenatal Management of Diabetes *quick reference algorithm available*
- Hypertensive disorders in pregnancy
- Breastfeeding
- Working with pain *quick reference algorithm available*
- Anti-D Universal Rh (D) prophylaxis for all Rh (D) Negative women *quick reference algorithm available*

## 34 weeks

### Assess

- Measure blood pressure
- Test urine for proteinuria
- Measure symphysis-fundal height (plot and document FH measurement on customised growth chart)
- Auscultation of fetal heart
- Fetal movements
- Presentation and lie

### Discuss

- Review discuss and record ultrasound results
- Continence / pelvic floor exercises ✓
- Whooping cough vaccination ✓
- Breastfeeding- benefits for mother and baby ✓
- Anti-D prophylaxis ✓
- Birth and post natal supports ✓
- Smoking behaviour/ cessation -✓ask, advise, assess and assist all women

### Organize

- Anti D prophylaxis
- Referral to physio if required (continence)
- Appropriate referral if complications are detected
- Documentation of appropriate maternity care pathway
- Review and update pregnancy management plan in BOS and handheld maternity record

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### Related clinical practice guidelines- see 'objectify' for full list

- Antenatal Management of Diabetes *quick reference algorithm available*
- Hypertensive disorders in pregnancy
- Breastfeeding
- Anti-D Universal Rh (D) prophylaxis for all Rh (D) Negative women *quick reference algorithm available*

## 36 weeks

### Assess

- Measure blood pressure
- Test urine for proteinuria
- Measure symphysis- fundal height (plot and document FH measurement on customised growth chart)
- Auscultation of fetal heart
- Fetal movements
- Presentation and lie
- Engagement of presenting part
- Aboriginal or Torres Strait Islander heritage
- Risk factors for obstetric haemorrhage

### Discuss

- Discuss and offer screening for Group B Streptococcus (GBS) ✓
- Stages of labour ✓
- Third stage of labour management plan
- Coping with early labour and when to come in to hospital ✓
- Active labour
- Water immersion for labour and birth ✓
- Smoking behaviour/ cessation ✓- ask, advise, assess and assist all women

### Organize

- Appropriate referral if complications are detected
- Vaginal / anal swab for GBS
- Documentation of appropriate maternity care pathway
- Review and update pregnancy management plan in BOS and handheld maternity record

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### Related clinical practice guidelines- see 'objectify' for full list

- Antenatal Management of diabetes *quick reference algorithm available*
- Hypertensive disorders in pregnancy
- Postpartum haemorrhage *care bundles and quick reference algorithms available*
- Breastfeeding
- Water immersion for labour and birth *quick reference algorithm available*
- GBS screening *quick reference algorithm available*
- Term pre-labour rupture of membranes *quick reference algorithm available*
- Thromboprophylaxis

## 38 weeks

### Assess

- Measure blood pressure
- Test urine for proteinuria
- Measure symphysis- fundal height (plot and document FH measurement on customised growth chart)
- Auscultation of fetal heart
- Fetal movements
- Presentation and lie
- Engagement of presenting part

### Discuss

- Review discuss and document results of GBS screening
- Management of prolonged pregnancy ✓
- Signs of labour and when to come to hospital
- Active labour and positioning
- Working with pain ✓
- Infant feeding options- advantages of breastfeeding ✓
- Smoking behaviour/ cessation- ask, advise, assess and assist all women

### Organize

- Appropriate referral if complications are detected
- Documentation in BOS and handheld maternity record
- Documentation of appropriate maternity care pathway
- Review and update pregnancy management plan in BOS and handheld maternity record

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### Related clinical practice guidelines- see 'objectify' for full list

- Hypertensive disorders in pregnancy
- Breastfeeding
- Water immersion for labour and birth
- Normal birth
- Victorian standard for induction of labour *quick reference algorithm available*
- Working with pain *quick reference algorithm available*
- GBS screening *quick reference algorithm available*
- Term pre-labour rupture of membranes *quick reference algorithm available*

## 40 weeks

### Assess

- Measure blood pressure
- Test urine for proteinuria
- Measure symphysis- fundal height (plot and document FH measurement on customised growth chart)
- Auscultation of fetal heart
- Fetal movements
- Presentation and lie
- Engagement of presenting part

### Discuss

- Management of prolonged pregnancy ✓
- Offer membrane sweep ✓ (nulliparous women)
- Discuss and offer CTG and AFI surveillance from 41 weeks ✓
- Signs of labour ✓
- Working with pain ✓
- Breast feeding supports available in postpartum period ✓
- Smoking behaviour/ cessation ✓ - ask, advise, assess and assist all women

### Organize

- Appropriate referral if complications are detected
- CTG and AFI at the 41 week visit
- Documentation in BOS and handheld maternity record
- Documentation of appropriate maternity care pathway
- Review and update pregnancy management plan in BOS and handheld maternity record

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### Related clinical practice guidelines- see 'objectify' for full list

- Antenatal Management of diabetes *quick reference algorithm available*
- Hypertensive disorders in pregnancy
- Breastfeeding
- Working with pain *quick reference algorithm available*
- Water immersion for labour and birth
- Victorian standard for induction of labour *quick reference algorithm available*
- Fetal surveillance
- GBS screening *quick reference algorithm available*

## 41 weeks

### Assess

- Measure blood pressure
- Test urine for proteinuria
- Measure symphysis- fundal height (plot and document FH measurement on customised growth chart)
- Auscultate fetal heart
- Fetal movements
- Presentation and lie
- Engagement of presenting part

### Discuss

- Management of prolonged pregnancy ✓
- Offer vaginal examination to assess Bishop score ✓
- Offer membrane sweep ✓ (nulliparous and parous women)
- Signs of labour ✓
- Working with pain ✓
- Smoking behaviour/ cessation- ask, advise, assess and assist all women
- Third stage of labour management plan

### Organize

- CTG and AFI
- Vaginal examination +/- Membrane sweep
- Date for induction of labour
- Appropriate referral if complications are detected
- Documentation of appropriate maternity care pathway
- Review and update pregnancy management plan in BOS and handheld maternity record

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### Related clinical practice guidelines- see 'objectify' for full list

- Antenatal Management of diabetes *quick reference algorithm available*
- Hypertensive disorders in pregnancy
- Breastfeeding
- Water immersion for labour and birth
- Victorian standards for induction of labour *quick reference algorithm available*
- GBS screening *quick reference algorithm available*
- Working with pain *quick reference algorithm available*
- Postpartum haemorrhage *care bundles and quick reference algorithms available*

## Related documents:

- Eastern Health Handheld Maternity Record
- Eastern Health Guidelines for Consultation and Collaborative Maternity Care Planning
- Eastern Health Quick Reference Algorithms
- Eastern Health Collaborative Maternity Care Pathways for Pregnant Women
- SMS Criteria for Referral

## Disclaimer

This document has been developed having regard to general circumstances. It is the responsibility of every clinician to take account of both the particular circumstances of each case and the application of these guidelines. In particular, clinical management must always be responsive to the needs of the individual woman and particular circumstances of each pregnancy. These guidelines have been developed in light of information available to the authors at the time of preparation. It is the responsibility of each clinician to have regard to relevant information, research or material which may have been published or become available subsequently.

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