

## 'Green' Collaborative Maternity Care Pathway

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Version 7: 2020



# Expected Pathways of Care for Pregnant Women

With women, we share great maternity care

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

# Expected Pathways of Care for Pregnant Women

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## 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 maternity care pathway section completed and updated on BOS as appropriate and printout is inserted into the Eastern Health handheld maternity record

- Provide a woman centred approach to antenatal care and schedule visits for women according to need. A minimum of 7 visits for low risk multigravid women and 10 visits for primiparous women.- (Department of Health (2018) *Clinical Practice Guidelines: Pregnancy Care*. Canberra: Australian Government Department of Health)
- Follow the antenatal visit guide for what to assess, discuss and organize for the woman at each visit
- Discussion points marked with **v** may 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))

## If complication/s are 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 BOS and provide printout for 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/MFM pathway** if the indication is complicating this pregnancy.

A **red** indication usually means ongoing care in the **red/MFM 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 'Maternity Care Planning and Consultation CPG 3490', 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/MFM pathway** as a guide to **routine** investigations, tests, assessments and discussion points throughout pregnancy

### 'Green pathway' antenatal visit schedule:



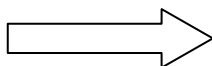
## Expected Pathways of Care for Pregnant Women

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### 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 Maternity Triage Criteria for Referral)
- Physical wellbeing:
- Complete/ review maternity information
- Potential or actual medical or obstetric complications
- Risk factors for:
  - Thrombo-embolism (view CPG)
  - Obstetric haemorrhage (view CPG)
- Physical health, including:
  - Teeth
  - Heart and lungs
  - Breasts
  - Abdomen
  - Pelvis
  - BMI
  - Blood pressure
  - Pap smear screening history and results



**Complete outcomes of physical exam and document in referral to EH**

#### 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 antibodies✓
  - HIV✓ (Counselling prior to ordering these tests must be undertaken)
  - 8-10 week dating scan if uncertainty about dates✓

## Expected Pathways of Care for Pregnant Women

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- Genetic screening
  - Offer/explain First Trimester Combined screening: ✓
    - Serum screening at 10 weeks gestation
    - Ultrasound at 11.0 - 13.6 weeks gestation
    - NIPT as indicated 10.0+ weeks
- As indicated, discuss and offer:
  - Iron studies ✓
  - Vitamin D screening ✓
  - Haemoglobinopathy screening if indicated ✓
  - Varicella screening ✓
  - Referral to Genetic Counsellor
  - Chlamydia screening age < 25 years ✓

### 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
- The Maternity booking office telephone contact is: **1300521319 (patients) 99557775 (staff)**

### 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
- Complete EPDS/psychosocial screening assessment on BOS and refer as indicated
- Physical health, including:
  - Height, weight and BMI
  - Blood pressure
  - Urinalysis

#### Discuss:

- Pathology and screening test results ✓
- Abnormal pathology and screening test results, referrals and management planning
  - Blood group and antibody screen ✓
  - Full blood examination ✓

## Expected Pathways of Care for Pregnant Women

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- Rubella susceptibility ✓
- Vitamin D levels if completed ✓
- Hepatitis B ✓
- HIV, Hepatitis C (Counselling prior to ordering these tests must be undertaken ✓)
- Ultra sound scans (as appropriate) ✓
- Genetic screening/diagnostic testing ✓
- Chlamydia screening if completed ✓
- 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, perform smokelyser, advise, assess and assist all women
- 18-22 week morphology and fetal wellbeing ultrasound scan ✓
- Use of the EH hand held maternity record and EH maternity website

### Organize

- Medical Imaging request slip for routine morphology scan to be given to woman and advised to book scan between 19-21 weeks gestation and prior to next appointment
- Referrals as appropriate (see Eastern Health 'Guidelines for Collaborative Maternity Care Planning')
- 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
- Postpartum haemorrhage care bundles and quick reference algorithms available

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### Related clinical practice guidelines – see 'Objectify' for full list

- Guidelines for Collaborative Maternity Care Planning
- Weight management in pregnancy *quick reference algorithm available*
- Vitamin D insufficiency or deficiency *quick reference algorithm available*
- Antenatal Management of Diabetes *quick reference algorithm available*
- Hypertensive disorders in pregnancy *quick reference algorithm available*

## Expected Pathways of Care for Pregnant Women

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Table 1: Initial midwife booking appointment – Midwife initiated pregnancy screening if not already completed		
Group and antibodies	TPHA	Haemoglobinopathies – if indicated
FBE Iron studies – if indicated Vitamin B12 – if indicated	Rubella	Chlamydia – if indicated (<25yrs)
Hepatitis B & C	Asymptomatic bacteriuria	Varicella – if indicated
HIV	OGTT – if indicated	

Table 2: Midwife must review following aspects of USS/1 <sup>st</sup> trimester screening and apply amber alert or red pathway			
Low PAPP-A <b>Red pathway</b>	<0.4 mom	Risks: FGR Pre-eclampsia Pregnancy loss	Review by obstetrician Commence aspirin 100-150mg <16/40 Monitor: SFH <b>Arrange serial growth scan @ 30/40, &amp; 36/40 - with possible additional US at 33 weeks if 30 week US &lt;10<sup>th</sup> centile</b> Urinalysis if indicated
Nuchal translucency <b>Amber Alert</b>	≥ 3.5mm 11+1 and 13+6 weeks	Risks: Chromosomal abnormalities Structural abnormalities Miscarriage Genetic syndromes IUFD	Review by obstetrician/genetics CMC Referral to FMAC for further USS at 16/40 and 20/40 Consider further diagnostic testing

### Organize

- Referrals as appropriate (see Eastern Health 'Guidelines for Collaborative Maternity Care Planning' and triage, anaesthetic and high risk clinic criteria for referral)
- 19-22 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
- Refer to EH Tobacco free Clinic/Quit for smoking cessation

**NB; Identify tests not undertaken with woman, ensure woman's understanding of implications, provide information and arrange/obtain any outstanding tests that are within midwife scope of practice and/or refer as indicated.**



# Expected Pathways of Care for Pregnant Women

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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*
- Small for Gestational Age *quick reference algorithm available*

## 20-22 weeks

### Assess:

- Blood pressure
- Auscultate fetal heart
- Assess mental health and well being. Complete EPDS if appropriate
- Urinalysis if raised BP
- SFH to be performed and documented on the Intergrowth 21 International SFH Standards Chart and inserted into BOS from 24 weeks **only**

### 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.
- Discuss and offer screening for:
  - OGTT **✓**
  - Full blood estimation **✓**
  - Blood group and antibodies **✓**
- Smoking behaviour/ cessation **✓** - ask, advise, assess and assist all women Varicella – if indicated
- Continence/ pelvic floor exercises **✓**
- Breastfeeding - role of lactation consultant, antenatal breastfeeding classes **✓**
- Childbirth education **✓**

## Expected Pathways of Care for Pregnant Women

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### Organize:

- Pathology for OGTT, FBE and Group & antibodies all women

FBE	Vitamin D if indicated
Iron studies if indicated	Vitamin B12 if indicated
OGTT	MSU if indicated
Group & antibodies <b>all</b> women	

- 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 Eastern Health handheld maternity record

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

- Antenatal Management of Diabetes *quick reference algorithm available*
- Hypertensive disorders in pregnancy
- Breastfeeding, expressing and storing breast milk
- Anti-D Universal Rh (D) prophylaxis for all Rh (D) Negative women *quick reference algorithm available*
- Weight management in pregnancy and care of the woman with obesity during pre-pregnancy, pregnancy, birth and the postnatal period

## 28 weeks

### Assess

- Offer to weigh woman and record pregnancy weight gain
- Measure blood pressure
- Test urine for proteinuria if BP raised or symptomatic of Pre-eclampsia,
- Measure symphysis-fundal height and document on the Intergrowth 21 International SFH Standards Chart/BOS
- Auscultate fetal heart (record MHR)
- Record reported fetal movements

### Discuss

- Review discuss and record blood results, including
  - OGTT ✓
  - FBE and ferritin if available ✓: **Commence iron supplementation if ferritin < 30 and/or Hb, < 105g/dL**
  - Consider iron infusion if unable to tolerate iron supplements, in consultation with obstetrician and as per policy an iron infusion if HB < 105g/dl and ferritin < 10 and/or symptomatic of iron deficiency/anaemia in pregnancy

## Expected Pathways of Care for Pregnant Women

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- 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 if Rh negative
- As indicated- repeat ultra sound scan at 32/40 if low lying placenta previously detected
- Repeat FBE/iron studies as indicated
- Appropriate consultation discussion and/or referral (as per EH guidelines) if complications are detected
- Documentation of appropriate maternity care pathway
- Review and update pregnancy management plan in BOS and handheld maternity record

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

- Antenatal Management of Diabetes *quick reference algorithm available*
- Hypertensive disorders in pregnancy
- Breastfeeding
- Weight management in pregnancy and care of the woman with obesity during pre-pregnancy, pregnancy, birth and the postnatal period *quick reference algorithm available*
- Anti-D Universal Rh (D) prophylaxis for all Rh (D) Negative women *reference algorithm*

## 31 weeks

### Assess

- Measure blood pressure
- Test urine for proteinuria if BP raised or symptomatic of Pre-eclampsia,
- Measure symphysis- fundal height and document on the Intergrowth 21 International SFH Standards Chart/BOS - refer to SGA quick reference algorithm available if concerned
- Auscultation of fetal heart (record MHR)
- Fetal movements
- Presentation and lie

### Discuss

- Review discuss and record OGTT if not already completed ✓
- Healthy diet and exercise, including pelvic floor exercises ✓

## Expected Pathways of Care for Pregnant Women

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- 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

- Repeat ultra sound scan at 34/40 if low lying placenta previously detected and growth scan for reduced/static SFH as indicated with appropriate consultation discussion and/or referral (as per EH guidelines) if complications are detected
- GDM on insulin - NB - Please note that diet controlled GDM women ONLY require an USS if indicated
- Review and update pregnancy management plan in BOS and handheld maternity record

### 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*
- Small for Gestational Age *quick reference algorithm available*
- Weight management in pregnancy and care of the woman with obesity during pre-pregnancy, pregnancy, birth and the postnatal period

### 34 weeks

- Measure blood pressure
- Test urine for proteinuria if BP raised or symptomatic of Pre-eclampsia
- Measure symphysis - fundal height and document on the intergrowth 21 international SFH standard growth chart/BOS - refer to SGA if concerned *quick reference algorithm available*
- Auscultation of fetal heart (record FHR)
- Fetal movements
- Presentation and lie

### Discuss

- Review discuss and record pathology/ultrasound results if applicable (refer if indicated) ✓
  - FBE and iron studies – if improved continue with oral supplementation
  - Consider iron infusion if HB < 105g/dl and ferritin < 10, consultation discussion and/or referral required level 2 or 3 clinician
- Discuss and offer screening for Group B Streptococcus (GBS) ✓ (swab @ 36/40)
- Continence / pelvic floor exercises ✓

## Expected Pathways of Care for Pregnant Women

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- Pertussis 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

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

- Antenatal Management of Diabetes *quick reference algorithm available*
- Hypertensive disorders in pregnancy

### 36 weeks

- Presentation and lie
- Engagement of presenting part
- Aboriginal or Torres Strait Islander heritage
- Risk factors for obstetric haemorrhage and document plan required in management plan

### Discuss

- 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
- 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

Table 4: Midwife initiated pregnancy screening @ 36 weeks gestation	
FBE if indicated	MSU if indicated
Iron studies if indicated	Offer Group B streptococcus screening

## Expected Pathways of Care for Pregnant Women

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### 38 weeks

#### Assess

- Measure blood pressure
- Test urine for proteinuria if BP raised or symptomatic of Pre-eclampsia
- Measure symphysis-fundal height document on the Intergrowth 21 International SFH Standards Chart - refer to SGA quick reference algorithm available if concerned
- Auscultation of fetal heart (record MHR)
- 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 ✓

#### 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*
- Small for Gestational Age *quick reference algorithm available*

# Expected Pathways of Care for Pregnant Women

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## 40 weeks

### Assess

- Measure blood pressure
- Test urine for proteinuria if BP raised or symptomatic of Pre-eclampsia, low PAPP-A
- Measure symphysis-fundal height document on the Intergrowth 21 International SFH Standards Chart - refer to SGA quick reference algorithm available if concerned
- Auscultation of fetal heart (record MHR)
- Fetal movements
- Presentation and lie
- Engagement of presenting part

### Discuss

- Management of prolonged pregnancy ✓
- Offer membrane sweep ✓ (nulliparous women, vertex engaged)
- 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
- Small for Gestational Age *quick reference algorithm available*

## Expected Pathways of Care for Pregnant Women

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### 41 weeks

#### Assess

- Measure blood pressure
- Test urine for proteinuria if BP raised or symptomatic of Pre-eclampsia, low PAPP-A
- Measure symphysis-fundal height document on the Intergrowth 21 International SFH Standards Chart - refer to SGA quick reference algorithm available if concerned
- document on the Intergrowth 21 International SFH Standards Chart - refer to SGA quick reference algorithm available if concerned
- Auscultate fetal heart (record MHR)
- Fetal movements
- Presentation and lie
- Engagement of presenting part

#### Discuss

- Management of prolonged pregnancy ✓
- Vaginal examination to assess Bishop score ✓ (vertex engaged)
- 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*
- Small for Gestational Age *quick reference algorithm available*



## Expected Pathways of Care for Pregnant Women

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### Related documents

- Eastern Health Clinical Practice Guidelines on 'Objectify'
- Eastern Health Handheld Maternity Record
- Eastern Health Maternity Care Planning AND Consultation guideline 3490
- Eastern Health Quick Reference Algorithms
- 'Green' Collaborative Maternity Care Pathway
- Maternity anaesthetic referral chart
- SMS referral criteria High risk referral criteria

This document is a guideline. It is the responsibility of every clinician to consider circumstances of each case and application of these guidelines. Clinical management must always be responsive to the needs of the individual woman and each pregnancy. 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.