

February 2019: This scope was amended to remove physical activity in pregnancy, because this topic will be included in the update of the NICE guideline on weight management before, during and after pregnancy.

## NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

### Guideline scope

### Antenatal care

NICE has carried out a [surveillance review](#) and identified a need to update the clinical guideline on [antenatal care for uncomplicated pregnancies](#) (CG62).

The guideline will be developed using the methods and processes outlined in [developing NICE guidelines: the manual](#).

This guideline will also be used to develop the NICE quality standard for antenatal care.

#### **1 Why the guideline is needed**

Service delivery and provision of care have changed considerably since this guideline was first developed in 2008. In addition, national screening policies and vaccination programmes have changed. Recommendations need to be revised in the light of the current context.

Topic experts, including those who helped to develop the existing guideline, advised NICE on whether areas should be updated or new areas added. Full details are set out in the [surveillance review decision](#).

#### **Key facts and figures**

Around 700,000 women give birth in England and Wales each year. The antenatal period provides an excellent opportunity to provide support and information to women (and their families) about birth and parenthood.

Although pregnancy is straightforward for most women and their babies,

complications can still occur, and excellent antenatal care is vital to identify and deal with potential problems and reduce the chance of a poor outcome.

Women can now access a midwife directly (that is, not through their GP). In a survey of over 1,000 first-time mothers, 37% women saw a midwife as their first point of contact, and 36% saw the same midwife for their antenatal appointments. Better Births recommended that all women should be offered midwife led unit or birth centre, however only 41% were offered a choice.

These findings are in line with the recommendations from [Better Births: improving outcomes of maternity services in England](#) (National Maternity Review, 2016).

The antenatal period presents opportunities to identify needs and implement effective care to help women prepare for birth and parenthood, from early in pregnancy until the delivery of the baby. Given that 45% of pregnancies are unplanned, it is also an opportunity to promote health for any subsequent pregnancies.

### **Current practice**

[Better Births: improving outcomes of maternity services in England](#) reported that although ‘the quality and outcomes of maternity services have improved significantly over the last decade’, there are reasons for concern. Better Births based its recommendations around 7 themes, of which 5 are directly related to antenatal care:

- Personalised care
- Continuity of carer
- Safer care
- Multi-professional working
- Working across boundaries

A recent systematic review identified 85 guidelines, mostly from North America and the UK and published between 2000 and 2014, which focused on antenatal care. This review and other guidelines and reports have revealed

a wide disparity on the number and types of interventions proposed for routine antenatal care.

### **Policy, legislation, regulation and commissioning**

The UK National Screening Committee (UK NSC) recommends screening for pregnant women for a range of maternal and fetal disorders. The antenatal care guideline will signpost to the following:

- NHS fetal anomaly screening programme (FASP): Down's, Edwards' and Patau's syndromes, anencephaly, open spina bifida, cleft lip, diaphragmatic hernia, gastroschisis, exomphalos, serious cardiac abnormalities, bilateral renal agenesis, lethal skeletal dysplasia.
- NHS infectious diseases in pregnancy screening (IDPS) programme: HIV, hepatitis B and syphilis.
- NHS sickle cell and thalassaemia screening: genetic carriers for sickle cell, thalassaemia and other haemoglobin disorders, sickle cell disease, thalassaemia and haemoglobin disorders.

The UK NSC has reviewed the evidence and made a recommendation not to screen for certain conditions, for example, group B streptococcus, and toxoplasmosis (<https://legacyscreening.phe.org.uk/screening-recommendations.php>).

The guideline will also signpost the following policies and programmes:

- NHS vaccination programmes, for example, [vaccination against pertussis \(whooping cough\) for pregnant women](#) and [vaccination against influenza for pregnant women](#).
- NHS advice on viral rash in pregnancy.
- NHS England's [Saving babies' lives care bundle](#), which aims to improve awareness of fetal movement and reduce the rate of stillbirths.
- [The Department of Health's alcohol guidelines review](#).

These are key areas of antenatal care and will be included in the guideline recommendations, but the evidence will not be reviewed.

## 2 Who the guideline is for

This guideline is for:

- healthcare professionals providing antenatal care for women and babies
- commissioners of primary, community and secondary antenatal care services
- women using antenatal services, their partners, their families, and the public.

It may also be relevant for:

- social care practitioners
- other organisations providing support in the antenatal period (for example, voluntary groups).

NICE guidelines cover health and social care in England. Decisions on how they apply in other UK countries are made by ministers in the [Welsh Government](#), [Scottish Government](#), and [Northern Ireland Executive](#).

### ***Equality considerations***

NICE has carried out an [equality impact assessment](#) during scoping. The assessment:

- lists equality issues identified, and how they have been addressed
- explains why any groups are excluded from the scope.

The guideline will look at inequalities relating to disability (cognitive or neurological).

## 3 What the guideline will cover

### ***3.1 Who is the focus?***

#### **Groups that will be covered**

Pregnant women.

This guideline is applicable to all pregnant women, including those with maternal and/or fetal conditions. This is because these women will need normal antenatal care alongside specialised care, which is not covered in this guideline.

### **3.2 *Activities, services or aspects of care***

#### **Key areas that will be covered in this update**

We will look at evidence in most of the areas below when developing the guideline, but it may not be possible to make recommendations in all the areas.

- 1 Information and support for women and their families
- 2 Content and delivery of antenatal care
- 3 Determining gestational age
- 4 Monitoring fetal growth and wellbeing
- 5 Nutrition
- 6 Work, lifestyle, medicines, drug misuse and tobacco addiction
- 7 Screening and prevention for infectious diseases during pregnancy
- 8 Immunisations to reduce the risk of acquiring an infection during pregnancy for the woman and the baby
- 9 Blood group and RhD status
- 10 Additional investigations
- 11 Interventions for common problems during pregnancy
- 12 Management of coexisting conditions

#### **Areas that will not be covered**

Care specific to the management of complicated or multiple pregnancies.

#### **Relation to previous NICE guidance on this topic**

This is a full update of the NICE guideline on [antenatal care](#) (CG62; published 2008), and all recommendations in the original guideline will be 'stood down' and deleted. The following areas from the 2008 guideline will not be included in the updated guideline:

- Sexual intercourse in pregnancy
- Air travel in pregnancy
- Car travel in pregnancy
- Travelling abroad in pregnancy
- Management of constipation
- Management of haemorrhoids
- Management of varicose veins
- Management of backache
- Breast examination
- Pelvic examination
- Screening for preterm birth
- Placenta praevia

### **Related NICE guidance**

#### ***Published***

- [Stop smoking interventions and services](#) (2018) NICE guideline NG92
- [Eating disorders](#) (2017) NICE guideline NG69
- [Cerebral palsy in under 25s](#) (2017) NICE guideline NG62
- [Sepsis](#) (2016) NICE guideline NG51
- [Tuberculosis](#) (2016) NICE guideline NG33
- [High-throughput non-invasive prenatal testing for fetal RhD genotype](#) (2016) NICE diagnostics guidance 25
- [Safe midwifery staffing for maternity settings](#) (2015) NICE guideline NG4
- [Diabetes in pregnancy](#) (2015) NICE guideline NG3
- [Preterm labour and birth](#) (2015) NICE guideline NG25
- [Antenatal and postnatal mental health](#) (2014) NICE guideline CG192
- [Intrapartum care for healthy women and babies](#) (2014) NICE guideline CG190
- [Obesity](#) (2014) NICE guideline CG189
- [Vitamin D](#) (2014) Public health guideline PH56
- [Smoking: acute, maternity and mental health services](#) (2013) Public health guideline PH48

- [Urinary incontinence in women](#) (2013) NICE guideline CG171
- [Hepatitis B \(chronic\)](#) (2013) NICE guideline CG165
- [Ectopic pregnancy and miscarriage](#) (2012) NICE guideline CG154
- [Neonatal infection \(early onset\)](#) (2012) NICE guideline CG149
- [Epilepsies](#) (2012) NICE guideline CG137
- [Caesarean section](#) (2011) NICE guideline CG132
- [Multiple pregnancy](#) (2011) NICE guideline CG129
- [Common mental health problems](#) (2011) NICE guideline CG123
- [Pregnancy and complex social factors](#) (2010) NICE guideline CG110
- [Hypertension in pregnancy](#) (2010) NICE guideline CG107
- [Jaundice in newborn babies under 28 days](#) (2010) NICE guideline CG98
- [Donor milk banks](#) (2010) NICE guideline CG93
- [Weight management before, during and after pregnancy](#) (2010) NICE guideline PH27
- [Smoking: stopping in pregnancy and after childbirth](#) (2010) NICE guideline PH26
- [Routine antenatal anti-D prophylaxis for women who are rhesus D negative](#) (2008) NICE technology appraisal guidance 156
- [Maternal and child nutrition](#) (2008) NICE guideline PH11
- [Familial hypercholesterolaemia](#) (2008) NICE guideline CG71
- [Inducing labour](#) (2008) NICE guideline CG70
- [Urinary tract infection in under 16s](#) (2007) NICE guideline CG54
- [Postnatal care up to 8 weeks after birth](#) (2006) NICE guideline CG37
- [Venous thromboembolism in over 16s: reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism. NICE guideline.](#)

### ***In development***

- [Termination of pregnancy](#). NICE guideline. Publication expected September 2019.
- [Urinary incontinence and pelvic organ prolapse in women](#). NICE guideline. Publication expected February 2019.
- [Intrapartum care for high-risk women](#). NICE guideline. Publication expected March 2019.

- [Specialist neonatal respiratory care for babies born preterm](#). NICE guideline. Publication expected April 2019.
- [Multiple pregnancy](#). NICE guideline. Publication expected November 2019.
- [Postnatal care up to 8 weeks after birth](#). NICE guideline. Publication expected January 2020.
- Obstetrics suite. NICE guideline. Publication expected February 2020.
- Neonatal parenteral nutrition. NICE guideline. Publication expected March 2020.

***NICE guidance that will be updated by this guideline***

- [Antenatal care for uncomplicated pregnancies](#) (2008) NICE guideline CG62.

**NICE guidance about the experience of people using NHS services**

NICE has produced the following guidance on the experience of people using the NHS. This guideline will not include additional recommendations on these topics unless there are specific issues related to antenatal care:

- [Medicines optimisation](#) (2015) NICE guideline NG5
- [Patient experience in adult NHS services](#) (2012) NICE guideline CG138
- [Service user experience in adult mental health](#) (2011) NICE guideline CG136
- [Medicines adherence](#) (2009) NICE guideline CG76

### **3.3 *Economic aspects***

We will take economic aspects into account when making recommendations. We will develop an economic plan that states for each review question (or key area in the scope) whether economic considerations are relevant, and if so whether this is an area that should be prioritised for economic modelling and analysis. We will review the economic evidence and carry out economic analyses, using an NHS and personal social services (PSS) perspective, as appropriate.



### **3.4 Key issues and draft questions**

While writing this scope, we have identified the following key issues and draft questions related to them:

- 1 Information and support for women and their families
  - 1.1 What information is helpful to women, their partners and families as part of their antenatal care?
  - 1.2 What approach to information giving during antenatal care is effective (including timing and mode of provision)?
  - 1.3 What approaches are effective in involving partners during antenatal care?
  - 1.4 What peer support (for example, support groups) is helpful to women as part of their antenatal care?
  - 1.5 How effective is the support provided by antenatal classes and groups?
- 2 Content and delivery of antenatal care
  - 2.1 What is the most effective method for women to access antenatal care (for example, through their GP or directly through the antenatal care team)?
  - 2.2 What should be the content of antenatal appointments?
  - 2.3 What appointment timing (for example, timing of the initial midwifery visit) is effective in delivering antenatal care?
  - 2.4 What appointment frequency is effective in delivering antenatal care?
  - 2.5 What aspects of antenatal care referral and delivery are valued by women?
  - 2.6 Is continuity of carer effective in antenatal care, and is it valued by women?

No further evidence reviews on continuity of carer will be undertaken and the guideline will refer to existing relevant NICE guidance and NHS policies.
  - 2.7 What is the most effective way of identifying hypertension in pregnancy?
  - 2.8 What is the most effective way of identifying malpresentation in pregnancy?

2.9 What is the most effective way of managing malpresentation in pregnancy?

2.10 What are the risk factors for venous thromboembolism (VTE) in pregnant women?

3 Determining gestational age

3.1 When should ultrasound estimation of gestational age be carried out in pregnancy?

4 Monitoring fetal growth and wellbeing

4.1 What techniques (for example, symphysio fundal height measurements and ultrasound) are effective in monitoring fetal growth during pregnancy?

4.2 What techniques (for example, fetal movement reporting and ultrasound) are effective in monitoring fetal wellbeing, and identifying problems, during pregnancy?

The UK NSC is currently undertaking evaluation for screening related to this key area. We will liaise with the UK NSC to determine whether an evidence review will be required to complement their evaluation.

5 Nutrition

5.1 What is the effectiveness of performing routine blood tests to assess haemoglobin and iron status during pregnancy?

The UK NSC is currently undertaking evaluation for screening related to this key area. We will liaise with the UK NSC to determine whether an evidence review will be required to complement their evaluation.

The guideline will also refer to existing relevant NICE guidelines on [maternal and child nutrition](#), [weight management, before, during and after pregnancy](#), and [vitamin D](#).

6 Work, lifestyle, medicines, drug misuse and tobacco addiction

No evidence reviews on work, lifestyle, medicines and drug misuse will be undertaken and the guideline will refer instead to existing relevant NICE guidelines on [smoking: acute, maternity and mental health services](#) and [smoking: stopping in pregnancy and after childbirth](#). The guideline will also refer to the Department of Health's [alcohol guidelines review](#). Physical activity in pregnancy will be included in the NICE

- guideline on [weight management before, during and after pregnancy](#), when the guideline is updated.
- 7 Screening for and prevention of infectious diseases during pregnancy  
No further evidence reviews will be undertaken to address this key area and the guideline will refer to existing relevant NHS advice and existing relevant NICE guideline on [infection prevention and control of healthcare-associated infections in primary and community care](#) and [healthcare-associated infections: prevention and control](#)
- 8 Immunisations to reduce the risk of acquiring an infection during pregnancy for the woman and the baby.  
No further evidence reviews will be undertaken to address this key area and the guideline will refer to existing relevant NHS guidance.
- 9 Blood group and RhD status  
No further evidence reviews will be undertaken to address this key area, and this guideline will refer to existing relevant NICE technology appraisal and diagnostics guidance.
- 10 Antenatal investigations  
10.1 What is the effectiveness of testing for asymptomatic bacteriuria during pregnancy?  
The UK NSC is currently undertaking evaluation for screening related to this key area. We will liaise with the UK NSC to determine whether an evidence review will be required to complement their evaluation.
- 11 Interventions for common problems during pregnancy  
11.1 What interventions are effective in treating nausea and vomiting during pregnancy?  
11.2 What interventions are effective in treating heartburn during pregnancy?  
11.3 What interventions are effective in treating abnormal vaginal discharge during pregnancy?  
11.4 What interventions are effective in treating pelvic girdle pain during pregnancy?  
11.5 What interventions are effective in managing minor bleeding in pregnancy?

11.6 How effective is maternal sleep positioning advice in improving outcomes for the fetus and mother?

## 12 Management of coexisting conditions

No evidence reviews will be undertaken to address this key issue, and the guideline will refer to existing relevant NICE guidelines on [hypertension in pregnancy](#), [obesity](#), [diabetes in pregnancy](#), [antenatal and postnatal mental health](#), and [epilepsy](#).

The key issues and draft questions will be used to develop more detailed review questions, which guide the systematic review of the literature.

### **3.5 Main outcomes**

The main outcomes that may be considered when searching for and assessing the evidence are:

- for the woman
  - mortality
  - major morbidities (such as antepartum haemorrhage)
  - women's experience and satisfaction of care
  - uptake of antenatal services.
- for the baby
  - perinatal and neonatal mortality (up to 1 year of age)
  - major morbidity (for example, preterm birth)
  - birth weight centile.

## **4 NICE quality standards and NICE Pathways**

### **4.1 NICE quality standards**

**NICE quality standards that may need to be revised or updated when this guideline is published**

- [Antenatal care](#) (2012) NICE quality standard QS22
- [Hypertension in pregnancy](#) (2013) NICE quality standard QS35

- [Maternal and child nutrition](#) (2015) NICE quality standard QS98
- [Intrapartum care](#) (2015) NICE quality standard QS105

## 4.2 **NICE Pathways**

When this guideline is published, we will update the NICE Pathway on [antenatal care](#). NICE Pathways bring together everything we have said on a topic in interactive flowcharts.

Other relevant guidance will also be added to the NICE Pathway, including:

- [Routine antenatal anti-D prophylaxis for women who are rhesus D negative](#) (2008) NICE technology appraisal guidance 156
- [High-throughput non-invasive prenatal testing for fetal RhD genotype](#) (2016) NICE diagnostics guidance 25

## 5 **Further information**

This is the final scope, which takes into account comments from registered stakeholders during consultation.

The guideline is expected to be published in September 2020.

You can follow progress of the [guideline](#).

Our website has information about how [NICE guidelines](#) are developed.

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