

Antenatal care schedule and risk review

Policy | OBS-POL-001

Document type	Policy
Title	Antenatal care schedule and risk review
Document ID	{{facility.code}}-OBS-POL-001
Version and status	1.0 Issued for use. Pending ASF Expert Committee ratification
Prepared by	{{roles.quality_lead.name}}, Quality lead
Reviewed by	{{roles.clinical_director.name}}, Clinical director Date: _____
Approver and signature	{{roles.clinical_director.name}}, Clinical director Signature: _____ Date: _____
Effective date	{{document.effective_date}}
Next review	{{document.review_date}} (12 months, or sooner after any incident or change)
Replaces	None (new document)
Standards and criteria supported	Standard 12 (Obstetrics and Gynaecology), criterion 12.1
Evidence basis	E-006, E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

At a glance: what to do

1. Each pregnant woman has antenatal care on the WHO schedule, recorded on OBS-FRM-001.
2. Results are reviewed at each visit, and risks are re-scored.
3. A woman found to be high risk has a written plan and a named clinician.
4. A missed visit is followed up within the set time.

Stop and get help straight away if: a woman with a high-risk finding has no written plan, or antenatal checks are missed with no follow-up.

1. Purpose

To find and act on pregnancy problems early, on schedule (12.1).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of {{facility.legal_name}}
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions and abbreviations

Term	Meaning in this SOP
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background and rationale

To find and act on pregnancy problems early, on schedule (12.1).

5. Responsibilities

Role	Duties in this SOP	Competence needed
Lead obstetrician or midwife	Owens the schedule and the risk plan	Clinician
Midwife	Runs visits and records results	Midwife

6. Equipment, materials and resources

Item	Specification or standard	Check before use
Records and forms named in this document	Current version	Checked before use

7. Safety and infection prevention

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Follow the steps in order. Where a step says "If", take the action for the case that applies. Do not skip a step. If a step cannot be done, use section 11 and section 12.

Step	Action	How to do it	Key point
1	Schedule.	• Book each visit on the schedule, and record it on OBS-FRM-001.	On schedule.
2	Review.	• Review results and re-score risk at each visit.	Each visit.
3	Follow up.	• Follow up each missed visit within the set time and write a plan for any high-risk woman.	Missed means followed up.

Decision points

- No decision points in this procedure.

10. Special situations

Situation	What to do
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

11. Problems and escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

12. Monitoring and compliance

What is checked	Target	How often	Who	If the target is missed
Visits completed on schedule	90%	Monthly	Lead obstetrician or midwife	Escalate to medical director

13. Records

Record	Where it is kept	Kept for
Record named in this document	Patient record or the area file	{{facility.records_retention_years}} years

14. Training and competence

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

15. Related documents

ID	Title	Relationship
OBS-FRM-001	Antenatal care record	Record

16. Evidence

ID	Source and status
E-009	Based on the WHO recommendations on antenatal care for a positive pregnancy experience (2016) and the WHO Standards for improving quality of maternal and newborn care in health facilities (2016).
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

EC = ASF Expert Committee consensus. Items marked EC are reviewed by the Committee each year.

17. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Pending Expert Committee approval