NHS
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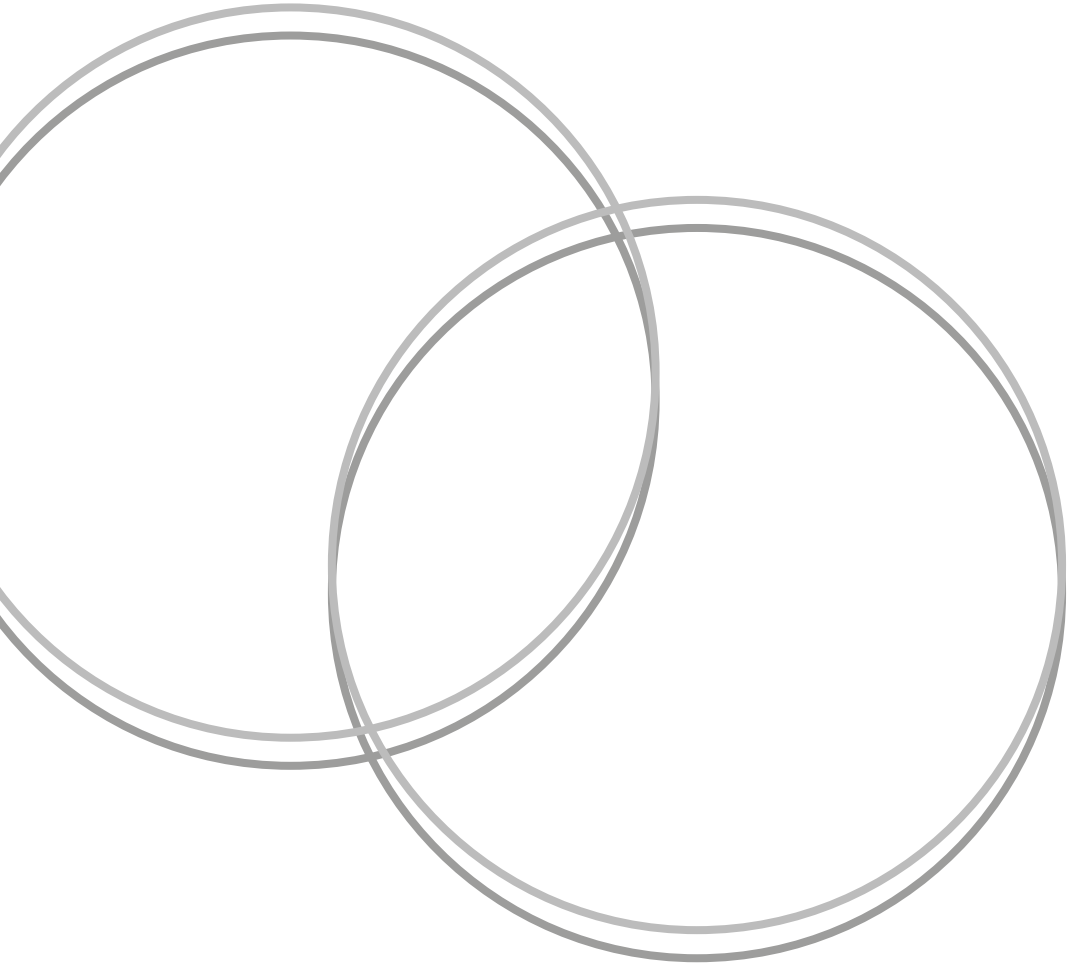
Understanding your Maternity Scan Pathway: Pathway D1

Information leaflet



Maternity Ultrasound Department

Distribution: This information will be shared by the sonographer after a clinical decision is made for a patient to be on Pathway D1. It will also be available to maternity healthcare professionals and to patients via the BadgerNotes Personal Timeline and the Trust website.

Scan Pathways:

What is a maternity scan pathway?

Your maternity scan pathway sets out all the routine scans, checks and appointments we recommend during the rest of your pregnancy. We may also recommend further scans or other checks if they are needed later in your pregnancy.

All our maternity scan pathways follow national guidance called the Saving Babies' Lives Care Bundle. This guidance is based on the latest available evidence and aims to make pregnancy safer and to improve outcomes for women and birthing people and their babies.

Your maternity scan pathway

Following your 20-week screening (anomaly) scan, we reviewed information about you and your baby so that we could recommend the most appropriate maternity scan pathway for your needs.

We are recommending **Pathway D1** for you.

What does Pathway D1 mean?

We are recommending Pathway D1 because one or more of the following apply:

1. **Your baby's estimated weight or abdominal circumference measurement at your 20-week scan was below the 10th centile.** This means your baby was estimated to be among the smallest 10 in every 100 babies at the same stage of pregnancy.

   A measurement below the 10th centile does not always indicate a concern, but it does mean that we recommend closer monitoring of your baby's growth and wellbeing throughout the remainder of your pregnancy.

2. **Your uterine artery doppler measurements at your 20-week scan were higher than expected**, either on their own or when considered alongside other factors relevant to your pregnancy.

   Higher uterine artery doppler measurements can indicate an increased chance that the placenta may not work as efficiently later in pregnancy. This does not mean that there is a problem with you or your baby now – rather it is a possible (not definite) indication that problems could develop over time. This is a reason to monitor your pregnancy more closely.

3. **You are known to have a womb (uterus) that is different in shape or size from what is typical (a congenital uterine abnormality** – see: www.tommys.org/pregnancy-information/pregnancy-complications/uterine-abnormality-problems-womb

   Most people with a congenital uterine abnormality will have a healthy pregnancy, but if you have a unicornuate uterus (a banana-shaped womb), didelphic uterus (double womb) or a septate uterus (divided womb), there is an increased chance that your baby may not grow as well as expected. We therefore recommend closer monitoring of your baby's growth and wellbeing throughout the remainder of your pregnancy.

Your midwife or doctor will explain which findings apply to you and answer any questions you may have, as well as documenting the findings within your Badgernotes.

For this reason, we are recommending closer routine monitoring throughout the rest of your pregnancy, including additional growth scans. Closer monitoring will help us identify any changes as early as possible so that, if needed, we can recommend the most appropriate care for you and your baby.

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A **uterine artery doppler** is a type of ultrasound that looks at the blood flow to your placenta. The placenta is an organ that develops during pregnancy. It supplies your baby with oxygen and nutrients through the umbilical cord.

Can my pathway change?

Once you have been allocated Pathway D1, you will stay on this pathway throughout your pregnancy.

However, maternity care plans are always tailored to you and your baby. We will continue to monitor the health and wellbeing of you and your baby throughout pregnancy. Sometimes new information becomes available, for example, your baby's growth is not as expected or you develop a new health condition that could affect the growth of your baby, such as high blood pressure or diabetes.

If this happens, your midwife or doctor may recommend a change to your care plan, which may involve additional scans. This does not necessarily mean there is a problem with you or your baby, it means we believe you would benefit from more frequent scans to check your baby's growth and ensure we don't miss a developing problem.

We will explain the reasons for any recommendation and discuss what happens next.

What happens next?

What routine scans will I have?

Under Pathway D1, you will have routine growth scans at around:

- 24 weeks if estimated fetal weight or abdominal circumference below the 10th centile
- 28 weeks
- 32 weeks
- 36 weeks
- 39 weeks

Will I require any other additional appointments?

If your baby is below the 10th centile (either for estimated fetal weight or abdominal circumference) your scan will be reviewed by the fetal medicine team. A fetal medicine consultant will review your scan and decide whether you need to be seen in their clinic.

If you are allocated pathway D1 for reasons other than your baby measuring below 10th centile, or the fetal medicine team do not need to see you now, we will book an appointment for you in one of our consultant-led antenatal clinics, either at the John Radcliffe Hospital or Horton General Hospital. This will take place by 25 weeks of pregnancy.

If you were allocated to pathway D1 because you are known to have a womb (uterus) that is different in shape or size from what is typical (a congenital uterine abnormality) then you will also be seen by our Preterm Birth Prevention Service.

At these appointments, your doctor will explain the results of your uterine artery doppler measurement and what pathway D1 means. They will make sure that your routine scans are booked, discuss whether you need any additional monitoring such as blood pressure measurement or urine tests, and arrange any follow-up appointments you need.

How will these be arranged?

The sonographer who did your scan today will request further scans at 28, 32 and 36 weeks, and 24 weeks if indicated (see above). These appointments should become visible in your Badgernotes within 2 weeks of your 20-week scan.

If these are not visible, please email the maternity admin team:

maternity.ultrasound@ouh.nhs.uk

(or telephone the Ultrasound Department at either the John Radcliffe or the Horton General Hospitals – contact numbers below).

If you are referred by the sonographer to the fetal medicine team because your baby is below the 10th centile (either for estimated fetal weight or abdominal circumference) and you need to see the fetal medicine team this appointment will be arranged and you will be contacted. If you do not require a fetal medicine review, you will receive a text message confirming this and a consultant-led antenatal clinic appointment will be arranged before 25 weeks. If you do not receive confirmation of any appointments within five working days of your 20-week scan, please contact the:

Fetal medicine unit

Telephone: **01865 221716**

Email: **oxfordfetalmedicine@ouh.nhs.uk**

If you are referred to a consultant-led antenatal clinic you should be notified of the day and time of this appointment within two weeks of your 20-week scan. If you have not been contacted about this appointment following this timeframe, please check if the appointment is visible on BadgerNotes and if not, contact your community midwife or telephone **01295 229453**.

How else is my baby's growth checked?

Growth scans are only one part of your pregnancy care.

From 25 weeks onwards, your community midwife will measure the size of your bump using a tape measure. This is called a symphysis-fundal height measurement.

If your BMI is 35 or above, we will not routinely use fundal height measurements to monitor your baby's growth, as these measurements can be less accurate. Growth will instead be monitored using ultrasound scans, in line with national guidance.

The measurements we take are plotted on a growth chart to help us assess your baby's growth over time. These measurements will stop when your routine growth scans start as they are a more accurate way of measuring the size of your baby.

Your blood pressure, urine and general wellbeing will also continue to be checked throughout your pregnancy.

Why is it important to attend scans and appointments?

We advise you to attend all your routine scans and appointments, as they allow us to monitor the health and wellbeing of you and your baby throughout pregnancy.

Your midwife or doctor may recommend additional scans or appointments if new information becomes available during your pregnancy.

Who will look after me during pregnancy?

Your community midwife will continue to coordinate your pregnancy care under Pathway D1.

If your baby's estimated weight or abdominal circumference was below the 10th centile at your 20-week scan, your will scan will be reviewed by, and you may be seen by our fetal medicine team.

If this does not apply to your baby, you will be seen by the hospital maternity team at a consultant-led antenatal clinic appointment by 25 weeks.

If you were allocated to pathway D1 because you are known to have a womb (uterus) that is different in shape or size from what is typical (a congenital uterine abnormality) then you will also be seen by our Preterm Birth Prevention Service.

Other members of the hospital maternity team may also be involved in your care if needed.

Most of the factors that affect your baby's growth are outside of your control. You can support the health and wellbeing of yourself and your baby during pregnancy by:

- attend all your appointments and scans
- take any medicines prescribed during pregnancy
- ask for support if you would like to stop smoking or vaping
- follow any healthy eating advice given during your pregnancy.

Will Pathway D1 affect my birth plan?

Your midwife or doctor will discuss your birth plan with you as your pregnancy progresses.

Even if your baby continues to grow as expected and there are no other concerns, we will usually recommend that your baby is born before 41 weeks. An induction of labour may be recommended to help your labour begin. Your maternity team will discuss the reasons for this recommendation, your individual circumstances and your options with you.

Being on Pathway D1 does not, by itself, determine whether you give birth vaginally or by planned caesarean section. Decisions about where, when and how your baby is born will be made in partnership with you, taking into account your individual circumstances, preferences and the information available throughout your pregnancy. If circumstances change, your maternity team may make additional recommendations and will support you to make informed decisions about your care and birth options.

Your midwife or doctor will discuss any recommendations with you and explain the reasons for them.

? An **induction of labour** is where we use medicines or other methods to help your labour begin at a planned time.

? A **caesarean section** is an operation to deliver your baby through a cut made in your tummy and womb.

Who decides what happens?

You do, with our advice and support.

We give you clinical advice and make recommendations based on the information available during your pregnancy. Our advice always prioritises the health, wellbeing and safety of you and your baby. We will explain the benefits and risks of the choices open to you, so that you can decide what is right for you.

Sometimes our advice may be different from what you were expecting or hoping for. If this happens, we will explain the reasons for our advice and work with you to agree a plan that works best for you and your baby.

You can accept or decline any scan, test or appointment we offer. The same applies to your birth plan. If you decide not to have something we have recommended, we will explain what that may mean, record your decision and continue to care for you.

If you would like extra support when making important decisions, please ask your midwife or doctor and we will arrange it.

When should I seek advice?

Changes in your baby's movements are important

If your baby's movements become less than usual or their usual pattern changes, or you have other urgent concerns about your pregnancy, please call the Maternity Assessment Unit immediately using the details below.

01865 220 221
The unit is open 24 hours a day, 7 days a week.

If you have any questions about your pregnancy, pregnancy scan findings, or maternity scan pathway please speak to your community midwife or maternity team.

Frequently asked questions

Why might I have different scans to someone else?

Every pregnancy is different. Your maternity scan pathway is based on your individual circumstances and the information available during your pregnancy. This means your scan and appointment schedule may be different from someone else's.

Pathway D1 includes additional scans and, depending on the findings that apply to you, additional hospital or specialist appointments. These help us monitor your baby's growth and wellbeing more closely and identify any changes earlier, so that we can recommend the most appropriate care for you and your baby.

How accurate are growth and other scans?

Scans give us useful information to help plan your care, but they cannot tell us everything.

Your baby's weight is estimated using measurements taken during the scan. It is not exact. Scans also cannot predict everything that may happen during pregnancy.

This is why attending the routine checks and scans we arrange for you is so important. It is equally important to tell us about any changes or concerns you notice yourself.

What if I cannot attend my scan?

Scans are most useful when they take place at the planned stage of pregnancy.

Please let us know as soon as possible if you cannot attend so that we can arrange another appointment as close to your original scan date as possible.

Maternity Ultrasound Department (Oxford)

Level 4, Women's Centre
John Radcliffe Hospital
Oxford OX3 9DU
Tel: 01865 221 715

Maternity Ultrasound Department (Banbury)

Antenatal Clinic
Horton Maternity Unit
Banbury OX16 9AL
Tel: 01295 229 464

You can also email either department at:
maternity.ultrasound@ouh.nhs.uk

Opening hours:
Monday to Friday, 8.00am to 4.00pm

If there are other reasons that make it difficult for you to attend your appointments, please speak to your midwife. There may be support that can be arranged to access the care that has been recommended to you.

What if I have questions or concerns?

We have tried to make the information in this leaflet helpful for everyone on Pathway D1. If you are unsure about anything, you are always welcome to ask questions and we encourage you to do so.

If anything is worrying you or you have questions that have not been answered by this leaflet, please speak to your community midwife.

Specific maternity scan pathway queries can also be sent to **pathwayqueries.fetalmedicine@ouh.nhs.uk**

No question or concern is too small. We are here to listen and help.

Where can I find further information?

You can also find the following leaflets in your **BadgerNotes Personal Timeline**:

- 20-week screening (anomaly) scan
- Uterine artery dopplers
- Growth scans

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

We would like to thank the Oxfordshire Maternity and Neonatal Voices Partnership for their contribution in the development of this leaflet.

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