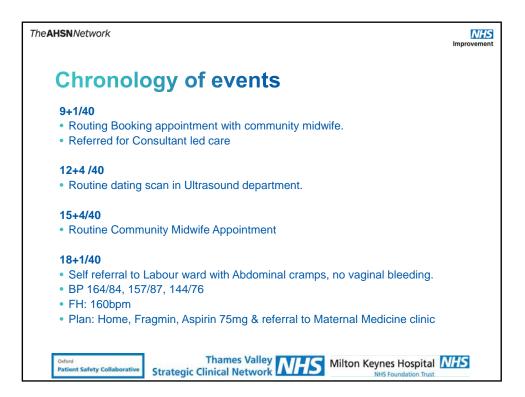
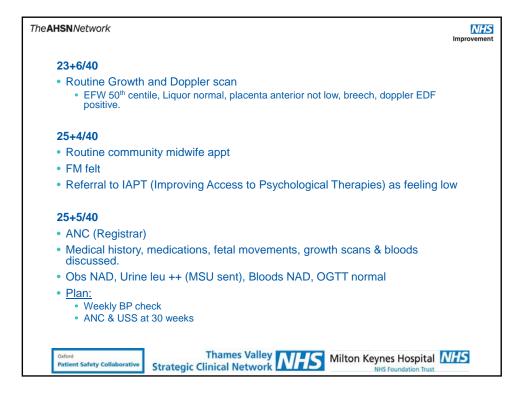


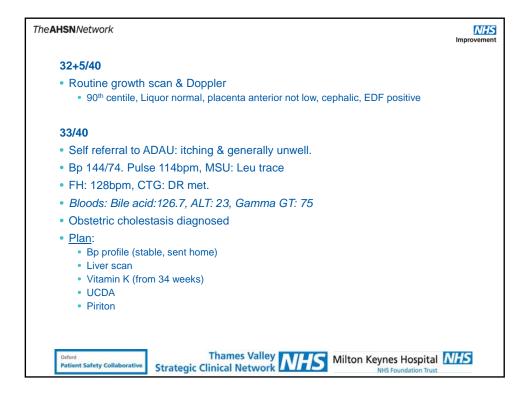
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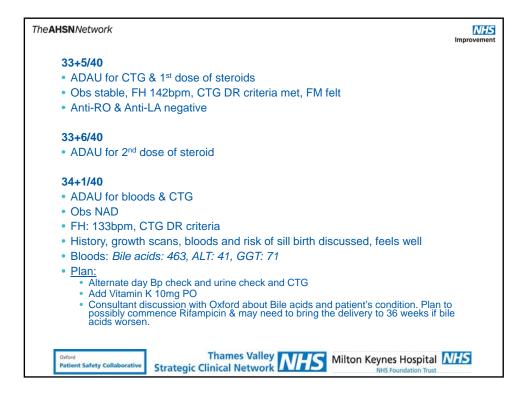
The <b>AHSN</b> Network	Improvement
20+0/40	
<ul> <li>Routine Anomaly scan in ultrasound department. All ok.</li> </ul>	
20+1/40	
Antenatal Clinic	
<ul> <li>Medical history, medications, fetal movements, growth scans &amp; bloods discussed.</li> </ul>	
Obs & urine: NAD	
<ul> <li>Plan:</li> <li>Rheumatology review</li> <li>Paediatric alert</li> <li>Anti RO/LA antibodies – if positive for fetal echo</li> <li>BP check every 2 weeks until 32 weeks then weekly.</li> <li>Serial scans at 30, 34 and 38 weeks</li> <li>Anaesthetic referral</li> <li>ANC in 2 weeks</li> </ul>	
<ul> <li>22+1/40</li> <li>ANC (Registrar)</li> <li>Medical history, medications, fetal movements, growth scans &amp; bloods discussed.</li> </ul>	
Oxford Thames Valley Milton Keynes Hospital Strategic Clinical Network Milton Keynes Hospital NHS Foundation Trust	NHS



The AHSN Network	NHS evement
27/40	
<ul> <li>Self referral to ADAU: 1<sup>st</sup> episode no fetal movements for one day</li> </ul>	
<ul> <li>Bp 139/73, Pulse: 120bpm, MSU: ++ Leucocytes, FH 158bpm</li> </ul>	
<ul> <li>Growth scan: EFW 1158g (90<sup>th</sup> centile). Liquor normal, placenta anterior not low, transverse, EDF positive</li> </ul>	
28+4/40	
Routine CMW appt	
• Bp 130/64, MSU: NAD, FM felt	
29+5/40	
• ANC	
<ul> <li>Medical history, medications, fetal movements, growth scans &amp; bloods discussed</li> </ul>	
<ul> <li>Bp 150/80, repeated 130/76</li> </ul>	
Anti RO and LA - both Negative	
• <u>Plan:</u>	
<ul> <li>Bp twice weekly with CMW/GP, if Bp high to increase Nifedipine to 10mgs BD.</li> <li>Rheumatology advised elective caesarean</li> </ul>	
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TheAHSNNetwork	Improvement
33+4/40 • ADAU for bloods & CTG	
<ul> <li>Also reports abdominal pain for 1/52</li> </ul>	
<ul> <li>Bp: 143/83, MSU: Leu trace</li> <li>FH 126bpm, CTG DR criteria met</li> </ul>	
<ul> <li>R/V by ST2: nil concerns</li> <li><u>Plan</u>: <ul> <li>Chase bloods: <i>Bile Acids</i>: 230.5, <i>ALT</i>: 27, <i>GGT</i>: 59</li> </ul> </li> </ul>	
<ul> <li>33+5/40</li> <li>ANC (Consultant) - Medical history, medications, fetal movements, growth</li> </ul>	
<ul> <li>scans &amp; bloods discussed</li> <li>Plan: <ul> <li>Urgent liver scan</li> <li>Autoimmune screen</li> <li>IOL 05/04/18 at 37 weeks</li> <li>Increase UDCA</li> <li>ADAU twice weekly – for bloods, CTG</li> <li>Steroids (in case of early delivery)</li> <li>ANC in one week</li> <li>Advised 'strictly come to hospital if reduced fetal movements'.</li> </ul> </li> </ul>	
Oxford Thames Valley NHS Milton Keynes Hospital Strategic Clinical Network NHS Foundation Trust	HS



The <b>AHSN</b> Network	Improvement
34+2/40	
Liver scan review NAD	
<ul> <li>Bloods: Bile acids: 391, ALT: 41, GGT: 75, clotting: normal</li> </ul>	
FM normal	
<ul> <li><u>Plan:</u></li> <li>Twice weekly bloods</li> </ul>	
34+3/40	
• ADAU	
<ul> <li>Bp urine – all ok, FM felt, CTG DR criteria met</li> </ul>	
34+5/40	
• ADAU	
Obs ok	
<ul> <li>FH: 140bpm, CTG DR Criteria met</li> </ul>	
<ul> <li>Discussed care via telephone with Consultant</li> </ul>	
• Bloods: Bile acids: 279, ALT: 38, GGT: 71	
• <u>Plan:</u>	
<ul> <li>ADAU alternate days &amp; weekly OC bloods</li> </ul>	
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Patient Safety Collaborative Strategic Clinical Network	

POGBILE ACIDSALTMGMT33126.723Liver scan, UD piriton33+4230.527Twice weekly (CTG/BP/OC t urine), Increa	
230.5 27 Twice weekly (CTG/BP/OC t urine), Increa	
(CTG/BP/OC t urine), Increa	DCA &
steroids, IOL I 37 weeks	bloods/
463 41 D/W Tertiary alternate day	
34+2 391 41 ADAU alterna twice weekly	
34+5 279 38 ADAU alterna twice weekly	

