General Circular pursuant to the Health Insurance Law (No 11 of 2013) of the Emirate of Dubai

General Circular Number 1 of 2015 (GC 01/2015)

Subject of this General Circular	Ante natal care protocols
Applicability of this General Circular	All insurers and health insurance claims management companies operating in the Emirate of Dubai
Purpose of this General Circular	To advise the treatment to be delivered by way of ante natal care that should be covered under the Essential Benefits Plan minimum levels of cover
Authorised by	Dr Haidar al Yousuf, Director, Health Funding Department
Drafted by	Robin Ali, Consultant, Health Funding Department
Publication date	9 February 2015
This document replaces	Not applicable
This document has been replaced by	Not applicable
Effective date of this General Circular	Immediately upon publication
Grace period for compliance	None

Preamble

The Essential Benefits Plan (EBP) Table of Benefits (ToB) details the benefits to be provided as a minimum standard in relation to ante natal care (ANC) within all health insurance products marketed within the Emirate of Dubai. The ToB states that insurers must provide benefits in line with Dubai Health Authority ANC protocols.

Objectives of this General Circular

To provide insurers with the details of the DHA ANC protocols so that they can ensure that their benefit packages provide insurance coverage for the treatments and tests required under the protocols.

The ANC protocols can be found in Appendix A. The protocols are those adopted within DHA hospitals. It is not intended to mandate that these protocols be adopted by private facilities, however, insurers must ensure that their policies cover the treatments and tests included.

Contents of this General Circular

This circular contains the following at Appendix A:

- Initial booking and risk assessment guidelines together with High and Low Risk Care Models
- Booking risk assessment tool
- Continuing risk assessment tool
- Guideline on the Low Risk Antenatal Care Model

APPENDIX A

Protocol Title: Antenatal Care in Clinics & Hospitals			
Health Funding Department extract of DHA protocols for the purposes of the Essential Benefits Plan			
Edition Number:	1	Edition Date:	15 November 2014
Revision No:	Not applicable	Revision Date:	Not applicable

This document is adopted from DHA protocol: Shared Antenatal Care between Primary Health Care and Secondary Health Care Services Sector.

Initial booking and risk assessment

The GP in the clinic or hospital confirms the pregnancy and refers the woman to the obstetrician.

The obstetrician/trained GP undertakes the booking history in the antenatal clinic, ideally at 10 – 14 weeks gestation, and has the responsibility to identify the most appropriate place for antenatal care using the Booking Risk Assessment Tool (section 6.1) which can be:

1. Specialist Led Care at Hospital for **high risk**
2. In a clinic (under the care of obstetrician/trained GP) for **low risk**

All mothers, regardless of risk are to be delivered at a hospital

Low risk care

If identified as low risk, by scoring 9 or less on the Booking Risk Assessment tool, all antenatal care will continue with the obstetrician/trained GP. See Guideline on the Low Risk Antenatal Care Model.

Low risk care summary

All antenatal care will be followed up by the obstetrician/trained GP in the antenatal clinic.

Refer to Hospital at 34-36 weeks gestation and at 40-41 weeks

Delivery will be at Hospital

Number of antenatal appointments for low risk women

Care will be given by the obstetrician/trained GP in the antenatal clinic as follows:

Primiparas: (8 visits)

Clinic (under the care of obstetrician/trained GP) – Booking at 10 - 14 weeks, 16, 25, 28, 31, 36, 38.

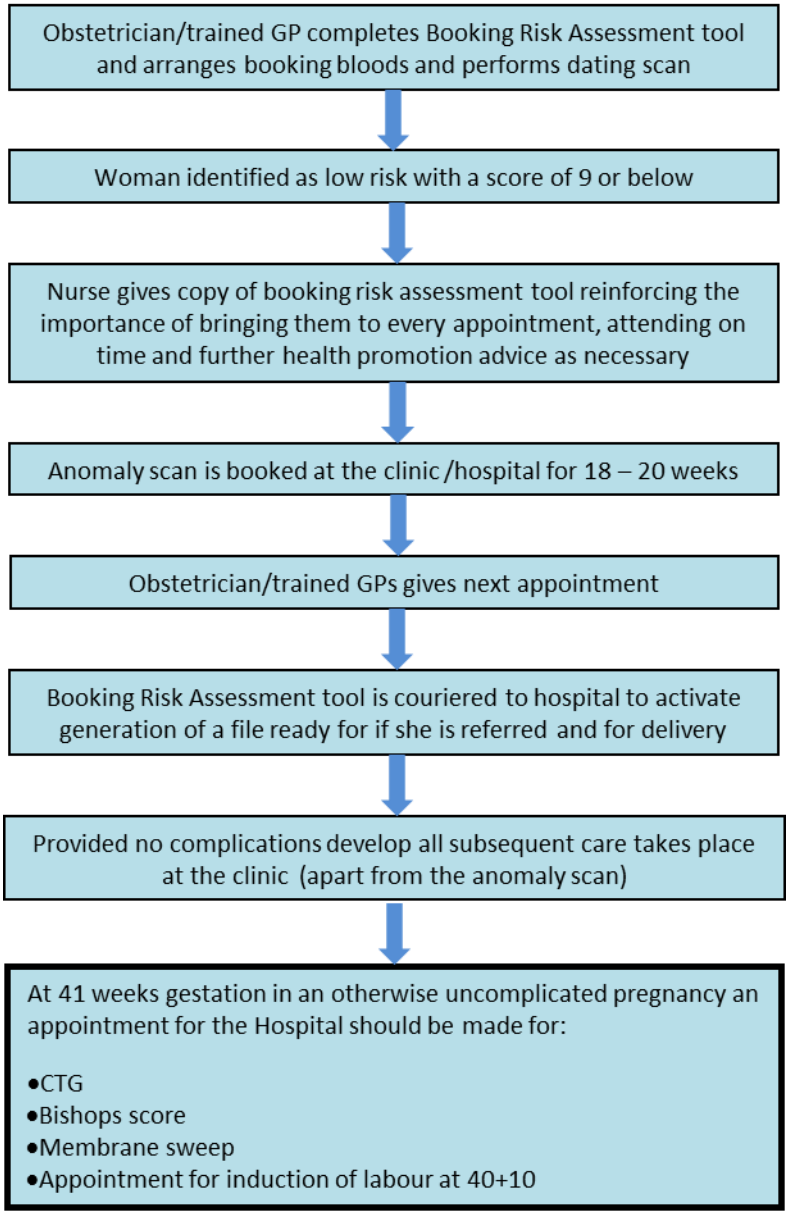
Hospital – 18 - 20 week scan. Review at 34 , 40 - 41 weeks

Multiparas: (7 visits)

Clinic (under the care of obstetrician/trained GP) – Booking at 10 - 14 weeks, 16, 20, 28, 36, 38

Hospital – 18 - 20 week scan. Review at 34, 40 - 41 weeks

Antenatal Care protocols
Low risk antenatal care model



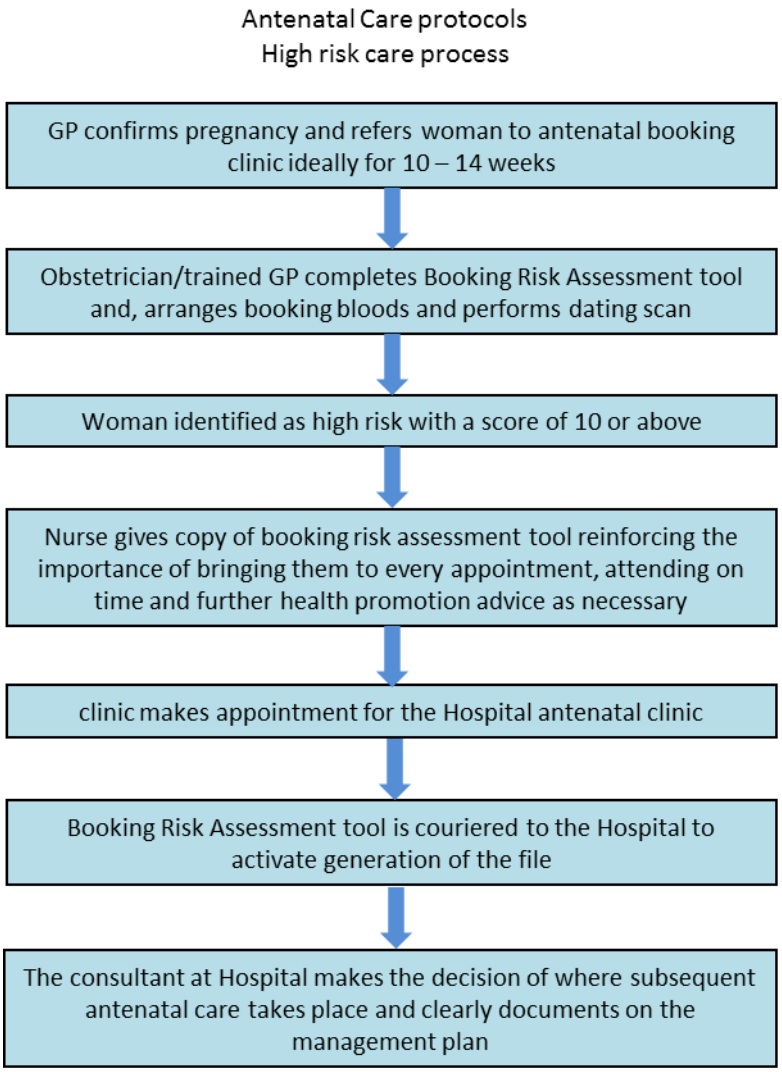
High Risk Care

If a score of 10 or more is identified in the Booking Risk Assessment Tool/Continuing Risk Assessment Tool, the woman should be referred to hospital for assessment and follow-up by a specialist obstetrician.

Specialist led care

An appointment is made in a **specialist antenatal clinic** or at a hospital as appropriate

A copy of the Booking Risk Assessment Tool is couriered to the hospital medical records department as the referral communication.



When a complication arises during the pregnancy for women having all care at the clinics

A referral for obstetric opinion can be made at any point during pregnancy and the Continuing Risk Assessment Form (see below) completed and couriered to Hospital medical records. An appointment is made for the woman for the next available clinic at Hospital.

Other from the above , emergency cases shall be referred directly to the hospital in accordance with emergency protocol.

References

NICE Clinical Guideline (2010). Antenatal Care; routine care for the healthy pregnant woman. National Collaborating Centre for Women's and Children's Health. March. England. UK

Gwent Healthcare NHS Trust (2007) Confirmation of Normality Tool. Wales. UK

Recommendations of the Seventh Report of the Joint National Committee of Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC VII).

Royal College of Obstetricians and Gynaecologists (2005) Improving Patient Safety: Risk Management for Maternity and Gynaecology. Clinical Advice Governance No.2. England. UK

Worcestershire Acute Hospitals NHS Trust Intranet. Guidelines for the Identification of Lead Professional for a Woman's Maternity Care. 2007. England. UK

Shared Antenatal Care Between Primary Health Care and Secondary Health Care Services sectors in DHA Protocol edited: 2011

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Antenatal Care in Clinic & Hospital

BOOKING RISK ASSESSMENT TOOL

PATIENT STICKER

Name:		Mob:	
Date:		L.M.P:	Husband name:
Gravida:	Para:	EDD:	Husband mob:

Women who score under 10 are offered Clinic (under the care of obstetrician/trained GP) low risk care and this should be explained and documented. If a woman's risk score is 10 or more she should be advised to have referral for specialist obstetrician opinion/obstetric-led care.

Risk factors should be continually reviewed throughout pregnancy and some women may request/need to be referred to obstetric-led care.

Booking Criteria	**Risk score**
Present Pregnancy	
Under 15 or Over 40 years at delivery	10 8
Misuse of illicit substances/alcohol	10
Smokes	4
Body Mass Index 40 or over or less than 18	10
Haemoglobinopathy / Severe anaemia	10
Blood pressure of more than 140/90 at booking	10
Multiple pregnancy	10
History of infertility: conception - spontaneous, clomid, IVF, Gift, ICSI	10
Women who request diagnostic testing (i.e. family history of genetic disorder) e.g. amniocentesis, CVS	10

Booking Criteria	**Risk score**
Previous Pregnancies/Labours/Births (cont)	
Placental abruption	10
Preterm labour in last pregnancy before 35weeks	10
Previous obstetric cholestasis	10
HIV positive / Syphilis positive	10
Essential hypertension	10
Neurological disease e.g. epilepsy	10
Previous confirmed DVT/ Pulmonary embolism	10
3rd or 4th degree tear (be aware for delivery)	5
Shoulder Dystocia / Previous baby affected by Group B streptococcus – last birth (be aware for delivery)	5
2 or more caesarean sections	10
Post partum haemorrhage, MRO (aware for delivery)	5
Previous baby with structural abnormality	10

Booking Criteria	Risk score
Medical History	
Cardiac Disease	10
Diabetes Gestational Diabetes in any pregnancy	10 4
Endocrine problems e.g. thyroid disease	8
Severe gastrointestinal disease e.g. ulcerative colitis	10
Serious psychiatric illness (excluding women on SSRI drugs e.g. prozac and previous postnatal depression)	10
Asthma, taking oral steroids	10
Major kidney disorder / liver disease	10
Detached Retina	10
Fractured Pelvis (be aware for delivery)	4
Autoimmune disease	10
Uterine abnormality / fibroids / pelvic mass / IUCD in situ	10
Previous Pregnancies/Labours/Births	
3 or more proven miscarriages/ + mid-trimester	10
Para 7 or more	10
Previous last baby at term of less than 2.5kgs, IUGR, IUD, NND, SB, cerebral palsy	10
Eclampsia or HELLP syndrome, PIH	5
Admission to ITU or HDU (pregnancy related)	5
Rhesus/ABO antibodies	10
Fetal loss after 22 weeks	10

Booking Criteria	Risk score
Surgical History	
Anaesthetic Problem (be aware)	5
Surgery to cx: cone biopsy/Letz, colposcopy	10
Uterine surgery such as myomectomy	10
Vaginal Surgery (TVI, TOT - be aware for delivery)	5
Family History	
Diabetes Type 1 and Type 2 - GTT at 28 weeks	0
TOTAL SCORE	
Model of care	
Suitable for low risk care	☐
Clinic:	
Name of doctor:	
Designation:	
Signature:	
Referral for high risk care	☐
Specialist:	
Urgent/within a week ☐ Within 3-4weeks	☐
Hospitals Appointment Date: Time:	

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CONTINUING RISK ASSESSMENT TOOL

Name:		Date of Birth:	Health Card Number:
Date:		Mob:	Mob:
Gravida:	Para:	L.M.P:	EDD:

Clinic Doctor: …….. FOR SPECIALIST

Health Centre …… REFERRAL ☐ OPINION ☐

Clinic Appointment arranged: Date …… Time …….. Specialist ……

COMPLICATIONS ARISING/DEVELOPING DURING CURRENT PREGNANCY

☐ Unclear EDD	☐ Small for Dates ☐ Large for Dates
☐ Blood group antibodies	☐ Low lying placenta covering the os or persisting
☐ Positive VDRL /Hep B/Hep C/HIV	after 32 week follow-up scan / APH
☐ Distorted serum HCG/ ☐ AFP/☐ UE3	☐ Confirmed chickenpox/rubella/parvo infection
Please specify ……	☐ Haemoglobinopathies
☐ Hypertension	☐ Polyhydramnios
☐ Proteinuria without UTI or Hypertension	☐ Oligohyramnious
☐ Anaemia < 10g	☐ Malpresentation after 36 weeks
☐ Low platelet count < 120 x 10^9 litre	☐ Obstetric cholestasis
☐ Abnormal GTT	☐ Threatened pre-term labour
☐ Pre-term Spontaneous Ruptured Membranes	☐ Intrauterine Fetal Death
	Other - Please specify ……..

Action Plan/Referral/Additional Notes:

Doctors Signature

Following specialist appointment: ☐ Return to GP led care ☐ Specialist led care

Comments:

Doctor's Signature

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Antenatal Care in Clinic & Hospital

Guideline on the Low Risk Antenatal Care Model

Low Risk Antenatal Care Model		
10-14 wks Primipara Multipara	Clinic (obstetrician/trained GP) Booking	• Confirmation of pregnancy • History and full physical examination • Dating scan • Complete Booking Risk Assessment Tool • (Offer 1st trimester genetic screening at 11-13 wks) • Discussion of Low Risk GP led care Initial Investigations • FBC and Platelets • Blood group, Rhesus status and antibodies • VDRL • MSU & urinalysis • Rubella serology • HIV • Hep C offered to high risk patients • GTT if high risk • FBS , random s or A1c for all due to high prevalence of diabetes in UAE Make scan appointment (appt) for 18-20 weeks at clinics/ Hospital Next appt clinic: 16 wks primipara and multipara
18 – 20 weeks Primipara Multipara	clinics /Hospital (X ray dept)	Detailed anomaly scan
16 weeks Primipara Multipara	Clinic (obstetrician/trained GP)	Antenatal review and risk status, record results

25 weeks Primipara	Clinic (obstetrician/trained GP)	• Antenatal review and risk status (record results, multiparas) • Fetal growth surveillance • Repeat GTT for high risk patient if normal at first visit • Review ultrasound result (change EDD ONLY if ultrasound scan is 10 days different to menstrual dates
28 weeks Primipara Multipara	Clinic (obstetrician/trained GP)	• Antenatal review and risk status • Fetal growth surveillance • F.B.C. and Platelets • Rhesus antibody screen **If Rhesus negative, give Anti D one dose (28-30ws)** • Review ultrasound result (change EDD ONLY if ultrasound scan is 10 days different to menstrual dates
31 wks Primipara	Clinic (obstetrician/trained GP)	• Antenatal review and risk status • Fetal growth surveillance
34 Primipara Multipara	Clinic/ Hospital	• Antenatal review and risk status • Fetal growth and surveillance • Rhesus antibody screen
36 Primipara Multipara	Clinic (obstetrician/trained GP)	• Antenatal review and risk status • Confirm presentation • Fetal growth surveillance • Low vaginal swab for group B haemolytic strep
38 Primipara Multipara	Clinic (obstetrician/trained GP)	• Antenatal review and risk status • Confirm presentation • Fetal growth surveillance
40 Primipara Multipara	Clinic (obstetrician/trained GP)	• Antenatal review and risk status • Confirm presentation • Fetal growth surveillance **Make appointment for Hospital for 41 weeks**

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