

## Antenatal Care

Consultation on draft guideline – deadline for comments 5pm, Wednesday 24 March 2021 email: [antenatal@nice.org.uk](mailto:antenatal@nice.org.uk)

	<p><b>Please read the checklist for submitting comments at the end of this form.</b> We cannot accept forms that are not filled in correctly.</p> <p>We would like to hear your views on the draft recommendations presented in the guideline, and any comments you may have on the rationale and impact sections in the guideline and the evidence presented in the evidence reviews documents. We would also welcome views on the Equality Impact Assessment.</p> <p>In addition to your comments below on our guideline documents, we would like to hear your views on these questions:</p> <ol style="list-style-type: none"><li>1. Which areas will have the biggest impact on practice and be challenging to implement? Please say for whom and why.</li><li>2. Would implementation of any of the draft recommendations have significant cost implications?</li><li>3. What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.)</li><li>4. The recommendations in this guideline were developed before the coronavirus pandemic. Please tell us if there are any particular issues relating to COVID-19 that we should take into account when finalising the guideline for publication.</li></ol> <p>See <a href="#">Developing NICE guidance: how to get involved</a> for suggestions of general points to think about when commenting.</p>
<b>Organisation name – Stakeholder or respondent</b> (if you are responding as an individual rather than a registered stakeholder please leave blank):	<b>Association for Improvements in the Maternity Services (AIMS)</b>
<b>Disclosure</b>	none

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Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.				
Name of commentator person completing form:		Anne Glover		
Type		[office use only]		
Comment number	Document [guideline, evidence review A, B, C etc., methods or other (please specify which)]	Page number Or 'general' for comments on whole document	Line number Or 'general' for comments on whole document	Comments
<p>Insert each comment in a new row. Do not paste other tables into this table, because your comments could get lost – type directly into this table.</p>				
1	Guideline	General	General	AIMS is disappointed there is no reference in the guidelines to building a relationship based on trust and mutual respect with the care provider and the woman, in line with the Continuity of Carer model for maternity services.
2	Guideline	General	General	AIMS notices the use of medical terminology which is not helpful for service users who may have no medical knowledge and would find the guidelines challenging. We ask that you consider clarifying medical terminology.
3	Guideline	General	General	AIMS is concerned with the tone of the guidelines, in that they are prescriptive with no mention of the woman's preferences. The <b>language</b> should be more consistent in using the terms 'offer', 'discuss', 'explain' throughout the document. There is no mention of <b>informed consent</b> or <b>confidentiality</b> and the woman having the right to decline any suggestion. AIMS would like to see an explanation of the special circumstances, why and how they risk assess, and clear implications discussed consistently throughout the guidelines. There is also no mention of making a diagnosis for common problems. Referrals are made without any consideration of the woman's preferences and informed consent.

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4	Guideline	General	General	The guidelines are found to be inconsistent in that comparisons are used to illustrate the advantages and disadvantages of taking medication for nausea and vomiting, but not used for any other medications suggested for other ailments.
5	Guideline	1	Box	Please define 'healthy women and their babies' - maybe a reference to how to define 'healthy' in these guidelines. What about those women who do not 'fit' in this box?
6	Guideline	5	Box	Please reword the first sentence: 'People have the right and should be involved in discussion and supported to make informed decisions about their care'.
7	Guideline	5	4	Please consider changing the word 'starting' to 'offering'.
8	Guideline	5	9	We find the description 'easy-to-complete' not clear, vague and prescriptive.
9	Guideline	5	13	Please consider changing 'to start' to 'being offered'.
10	Guideline	6	12 & 15	It would be useful to reference the justification for the number of suggested antenatal visits here, and not further on down the document.
11	Guideline	6	13 & 15	AIMS is asking to for the language used to more accessible to all and avoid medical language where possible.
12	Guideline	6	23	We suggest changing the word 'reliable' to 'independent', and adding 'any other support, including emotional, that the woman may wish to have with her'.
13	Guideline	7	1	AIMS welcomes the reference to continuity of carer and suggests moving this important point to the top of the section.
14	Guideline	7	4	AIMS suggests changing 'partner' to 'partner of her choice'.
15	Guideline	7	6	AIMS suggests changing 'welcome' to 'encouraged'.
16	Guideline	8	5	Please give an explanation why this information is relevant.
17	Guideline	8	17	AIMS suggests adding to this bullet point to 'her home situation and social support network'.
18	Guideline	9	1-19	AIMS questions the rationale behind publishing these numbers in relation to the 2020 MBRRACE-UK report, as these figures may change before these updated NICE Guidelines are issued?
19	Guideline	9	2	Please explain what 'may need closer monitoring' means. AIMS suggests 'offered additional support in the form of ...'
20	Guideline	9	20	Offer a discussion around smoking and referral, instead of an automatic referral.
21	Guideline	9	23	What does this mean - to 'consider'?
22	Guideline	9	27	AIMS is concerned that information is shared with GP without permission and questions if this is standard practice? Consider rewording to include 'in consultation with the service user'.
23	Guideline	9	29	AIMS suggests changing the tone to offer and not just ask.
24	Guideline	10	4	Please give an explanation of how this assessment is discussed and carried out.

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25	Guideline	10	20	AIMS is concerned that no explanation or offer is made to measure height, weight and BMI. There is no acknowledgement of concerns around body image and we suggest a discussion around informed consent and the right to decline is offered.
26	Guideline	12	1-2	AIMS suggests clarifying the terminology and explaining the assessment.
27	Guideline	12	14-15	AIMS suggests to give an explanation of GD and why/how they risk assess, and the implications.
28	Guideline	13	1-2	AIMS suggests to give an explanation and why/how they risk assess, and also the implications.
29	Guideline	13	3	AIMS would like to see an explanation of why aspirin should be taken, the effects, the outcomes, and the dosage.
30	Guideline	14	2	Please provide an explanation of why a risk assessment for growth is done, and the implications.
31	Guideline	14	6	AIMS is concerned there is no mention of consent before performing an ultrasound.
32	Guideline	14	9	AIMS would like to see the suggestion that the same midwife carried out the fundal measurement in line with continuity of carer, best practice and for improved accuracy.
33	Guideline	14	19	What is the evidence for this reasoning?
34	Guideline	14	21	AIMS is asking for the rationale behind this and questions if it makes a difference?
35	Guideline	15	12	Consent must be given before anyone touches someone else's body. An explanation should be given so the woman understands what is going on.
36	Guideline	15	17	Again there is no mention of gaining consent, explanation or implications.
37	Guideline	15	20	AIMS would prefer to see the evidence and an acknowledgement that babies can turn on their own later than 36 weeks gestation. AIMS would like to see reference made to exploring the woman's values and beliefs around vaginal breech birth. Again, there is no mention of gaining consent.
38	Guideline	16	1	AIMS suggests an explanation and discussion of the risks and alternatives.
39	Guideline	16	10-23	AIMS suggests prioritising the bullet points. There is no mention of confidentiality. What is meant by 'group discussions'?
40	Guideline	16	14	AIMS suggests changing 'information should support shared decision making' to 'information should facilitate supported decision making'.
41	Guideline	17	8-12	AIMS would like to see a 2-way conversation, sharing healthcare knowledge, exploring and understanding the woman's circumstances, tailoring care to how risk applied to them - more individualised care.
42	Guideline	18	whole page	AIMS suggests this section on Information on Antenatal Care should be moved to the beginning of the guidelines.
43	Guideline	19	19	AIMS requests a link for those women who don't fit the 'healthy women' or 'caesarean birth' boxes. This implies that all women who are not healthy have a caesarean birth. Very poorly worded.
44	Guideline	19	22	AIMS would like to see a reference to options for pain relief.
45	Guideline	19	29	AIMS suggests changing the wording from 'baby blues' to 'mood changes'.

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46	Guideline	20	3	AIMS is concerned that risks are repeatedly discussed at every meeting from 36 weeks, at a time when women are already feeling overwhelmed. It is coercive and causes stress and anxiety. AIMS suggests giving an explanation, asking for consent, having the right to refuse and respecting women's wishes.
47	Guideline	20	6	AIMS is concerned that induction is discussed at every appointment from 38 weeks, as it seems excessive and coercive.
48	Guideline	21	6	AIMS questions if service users and the public understand the term 'multiparous'?
49	Guideline	21	20	AIMS suggests 'offer' and not 'give'.
50	Guideline	22	2-4	AIMS questions the validity of this comment.
51	Guideline	22	11-12	AIMS suggests offering a referral, as suggesting to take ginger can be seen as dismissive and not taking the condition seriously.
52	Guideline	22	16	AIMS questions whether the public understands 'comorbidities'?
53	Guideline	23	1	Please change to 'Share table 1 to support decision making.'
54	Guideline	24,25,26	whole pages	AIMS comments that it's strange there are tables only for this and nowhere else in the guidelines.
55	Guideline	28	1-4	AIMS is concerned there is no mention of making a referral to make a diagnosis.
56	Guideline	28	12	AIMS suggests changing the word 'tell' to 'offer information'
57	Guideline	29	1	AIMS suggests this recommendation includes providing information and offering the referral
58	Guideline	29	8	AIMS suggests this recommendation includes providing information and offering the referral
59	Guideline	29	12-16	AIMS suggests this section should be moved.
60	Guideline	38	19	AIMS queries why NICE have mentioned health care disparities amongst women and babies from a black and minority ethnic background and those from deprived areas, and that future research could help to understand the reasons why and what interventions may improve outcomes, yet this was not one of the key research recommendations? AIMS believes that understanding the reasons may help to improve maternity care for these groups of people and research into these disparities is essential.

Insert extra rows as needed

### Checklist for submitting comments

- Use this comment form and submit it as a **Word document (not a PDF)**.
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include **page and line number (not section number)** of the text each comment is about.

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- Combine all comments from your organisation into 1 response. **We cannot accept more than 1 response from each organisation.**
- Do not paste other tables into this table – type directly into the table.
- Ensure each comment stands alone; do not cross-refer within one comment to another comment.
- **Clearly mark any confidential information or other material that you do not wish to be made public. Also, ensure you state in your email to NICE that your submission includes confidential comments.**
- **Do not name or identify any person or include medical information about yourself or another person** from which you or the person could be identified as all such data will be deleted or redacted.
- Spell out any abbreviations you use
- For copyright reasons, **do not include attachments** such as research articles, letters or leaflets. We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments, but it must be received by the deadline.
- **We do not accept comments submitted after the deadline stated for close of consultation.**

You can see any guidance that we have produced on topics related to this guideline by checking [NICE Pathways](#).

**Note:** We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.

Comments received during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.

### Data protection

The information you submit on this form will be retained and used by NICE and its advisers for the purpose of developing its guidance and may be passed to other approved third parties. Please do not name or identify any individual patient or refer to their medical condition in your comments as all such data will be deleted or redacted. The information may appear on the NICE website in due course in which case all personal data will be removed in accordance with NICE policies.

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**NICE** National Institute for  
Health and Care Excellence

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By submitting your data via this form you are confirming that you have read and understood this statement.

For more information about how we process your data, please see our [privacy notice](#).

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