|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Patient sticker | **Maternity BP (& Protein) Home Monitoring** complete for all women referred for home monitoring | | | | |
| Date:  DR/MW name:  Consultant: | | | | |
| **SECTION A: TO BE COMPLETED BY THE OBSTETRIC TEAM** | | | | | |
| **Women may be suitable for BP home monitoring of they are:**   * Pregnant women with chronic hypertension, gestational hypertension or pre-eclampsia (see RCOG guidance group 1: <https://www.rcog.org.uk/globalassets/documents/guidelines/2020-03-30-self-monitoring-of-blood-pressure-in-pregnancy.pdf> ) * Pregnant women with (BMI) of 35 kg/m2 * Postnatal women with chronic hypertension, gestational hypertension or pre-eclampsia | | | | | |
| **Home monitoring should not be offered or continued for:**   * Women who require admission under [NHS TRUST] guidelines e.g. severe hypertension, pre-eclampsia with adverse features | | | | | |
|  | | | | | |
| **Assess further eligibility for home monitoring during face-to-face antenatal or postnatal assessment**   * Singleton pregnancy (if antenatal) * 18 years old or more * Good understanding of written and spoken English language * Confident to monitor her own BP and protein urine readings * Has and uses a mobile phone with text messaging | | | | | |
| YES | |  | NO | | |
| Does the woman have ANY of the following?  Pre-existing Diabetes  Renal disease / severe HTN ± end organ damage  Multiple pregnancy (AN)  Abnormal BPS blood results/ IUGR  Pre-eclampsia confirmed by urinary P:Cr (AN) | | YES | Ineligible for Home monitoring. Agree plan of care – discuss with medical team if necessary.  COMPLETE SECTIONS C1 & C2 ON NEXT PAGE & FILE DECISION | | |
| NO | |  |  | | |
| For women using urine sticks home monitoring: Is the woman colour blind? | | YES |  | | |
| NO | |  |  | | |
| THE WOMAN IS ELIGIBLE FOR HOME BP & PROTEINURIA MONITORING: After surveillance, if you have assessed the woman has having mild PIH or a normal blood pressure and if you would previously have considered a CMW visit or return to clinic for a BP/urine check, please consider home monitoring. | | | | | |
| Home monitoring planned (tick box): | | Yes |  | No |  |
| **If YES – Please indicate the home monitoring plan (tick box):** | | Antenatal Mild PIH plan | | |  |  |
| [insert other plans] | | |  |  |
|  | | |  |  |
| **If NO - please give specific reason (e.g. declines, admitted, no mobile phone, language issues etc)** | | | | | |  |
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| **SECTION B: TO BE COMPLETED BY CLINIC MW / MSW FOR ALL HOME MOITORING WOMEN** | |
| Register the woman with FLORENCE [www.florence.uk.net](http://www.florence.uk.net) and help women register (name, NHS number and mobile number required) |  |
| Give the patient information leaflet and put the sticker on women’s hand-held notes |  |
| Demonstrate how to use the BP monitor and urine sticks (if applicable) |  |
| Remind the woman to respond to the FLORENCE text messages promptly |  |
| Discuss serious symptoms and high BP/protein readings – when and how to contact maternity services |  |
| Arrange any follow-up appointments for review and inform community team |  |
| If this is the second episode of BP surveillance – arrange consultant clinic review |  |
|  |  |
| GO TO NEXT PAGE – PLEASE COMPLETE SECTIONS C1 & C2 | |

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| **SECTION C: TO BE COMPLETED BY THE OBSTETRIC TEAM** | |
| C1 – PLEASE COMPLETE FOR ALL WOMEN | |
| If the woman is ENTERED into home monitoring – How would you have managed this woman in your previous system? | |
| For women NOT ELIGIBLE for Telehealth – Please confirm your follow up arrangements for this woman | |
| Tick more than one box if applicable: | |
|  | No additional follow up (i.e. back to their routine AN care pathway only) |
|  | Additional midwife appointment(s) to review BP/Proteinuria |
|  | Additional or New Consultant clinic or GP appointment because of hypertension |
|  | Admission to hospital – for significant ‘PIH’ |

|  |  |
| --- | --- |
|  | Admission to hospital – for ‘pre-eclampsia’ |
| C2 - PLEASE COMPLETE FOR ALL BP (& URINE) HOME MONITORING WOMEN | |
| Does the woman consent to being contacted at a later date to ask about her experiences using Flo tele-health? | |
|  | YES |
|  | NO |
| If YES - How would she prefer to be contacted? | |
|  | Email (please ask for email address): |
|  | Phone |
|  | By Post |