Aneurin Bevan University Health Board

Maternity Day Assessment Unit Guidelines

N.B. Staff should be discouraged from printing this document. This is to avoid the risk of out of date printed versions of the document. The Intranet should be referred to for the current version of the document.

Status: Issue 4
Approved by: Maternity Clinical Effectiveness Forum
Owner: Maternity Services

Issue date: 21-7-2025
Review by date: 21-7-2028
Policy Number: ABUHB/F&T/0538

Contents

This document uses the term woman but recognises that not all people having babies within Aneurin Bevan University Health Board identify as women and therefore applies to all people who are pregnant.

Introduction/Overview

The DAU will ensure that fetal and maternal wellbeing are appropriately monitored and assessed, leading to improved outcomes for women and their babies during the antenatal period. DAU provides an alternative approach to women attending labour ward, antenatal ward or triage for investigations.

Statement

The Health Board is committed to providing evidence-based, safe care for all pregnant women, in order to optimise outcomes. This guideline is designed to support safe and effective practice.

Aims

This guideline supports midwives, obstetricians and other health care professionals on the referral pathway into the Maternity Day Assessment Unit (DAU).

Objectives

- To ensure women are provided with a holistic, person-centred approach, planned in partnership with women to offer care closer to home.
- To monitor maternal and fetal wellbeing in an outpatient setting.
- To ensure women receive standardised, evidence-based care following the correct pathway.
- To provide a safe and effective midwife led assessment service.
- To reduce unnecessary antenatal admissions to hospital.
- Provide an opportunity for learning and enhanced professional development for midwives and student midwives rotating into DAU.

Scope

This guideline applies to all clinicians working within maternity services including temporary staff, locums, bank/annualised hours staff and visiting clinicians.

Roles and Responsibilities

All clinicians working within maternity services are responsible for ensuring implementation of this guideline for women in their care.

The midwife will:

- Have responsibility for the day-to-day organisation of the DAU.
- Work within and being accountable for their scope of practice and in accordance with the NMC Code.
- Liaise with GUH Triage staff if obstetric review is required.

The obstetric team will:

- Work as part of the MDT in partnership with the woman, her family and the midwife.
- Review as required, completing a plan of care which must be recorded within the woman's BadgerNet records.

Referral Criteria

Inclusion Criteria

Referrals to the Day Assessment Unit can be made by Community Midwives, GP, Obstetricians, Antenatal Clinic and Ward Midwives. Women should be encouraged to contact their community midwife for advice in the first instance via a designated single point of contact for their area.

These lists are by no means exhaustive and it is the responsibility of the healthcare professional to consider the appropriateness of the referral.

The DAU **may** be suitable for:

- Management of suspected or confirmed obstetric cholestasis.
- Monitoring of hypertension following obstetric review and documented plan of care (**asymptomatic only**).
- Surveillance and monitoring of pregnancy 40+13 in the absence of additional risk factors, where induction of labour has been declined, alongside a documented obstetric plan of care.
- Ongoing assessment of women with complex care needing regular CTG or investigation as per an obstetric plan.
- Ongoing weekly review of women with confirmed preterm prelabour rupture of membranes following antenatal admission and obstetric review.
- Assessment of women who are 37/40 with possible spontaneous rupture of membranes. **This should include women with a singleton pregnancy, clear liquor and only mild or irregular contractions.**
- Ectopic beats identified in the community setting where CTG follow up is required but there are no concerns with fetal movements.
- Management of iron deficiency anaemia with IV Ferinject.
- Administration of steroids.
- Outpatient induction at 40+12.
    - *Follow up to be performed in GUH.
- Assessment of altered or decreased fetal movements <26 weeks of pregnancy when the community midwife is unavailable.

Exclusion Criteria:

- Reduced or altered fetal movements*
- Abnormal fetal heart findings in community clinic including; tachycardia, bradycardia, decelerations, absent fetal heart*
- < 20/40 gestation

*** If already present in the clinical area, use clinical judgement to assess if appropriate to perform fetal monitoring in DAU or refer to Triage**

Every attendance to DAU should include a full antenatal check, as outlined in appendix 1.

Any blood tests requested must have a clear plan for follow-up of results before the woman is discharged. If results are expected outside of DAU working hours, the midwife should hand over the follow-up request to triage, community midwives, ANC or the ward - whichever is most appropriate. Women do not need to remain in the department while waiting for results, but it is the responsibility of the midwife to ensure appropriate handover and follow-up is arranged.

A full history should be obtained via telephone and a communication form completed within BadgerNet, clearly evidencing the suggested recommendations.

Whilst telephone advice may be appropriate for some women, those that require formal assessment should be advised to attend. It is the responsibility of the registered midwife to determine whether DAU/Triage is most appropriate setting for this assessment.

Training

It is the responsibility of the clinician to identify where any training needs are required and discuss with their line manager.

Implementation

The recommendations in this guideline are already in clinical practice within the Health Board.

Further Information Clinical Documents

Altered Fetal Movements Guideline

Antenatal corticosteroids to reduce neonatal morbidity and mortality (Green-top Guideline No. 74) | RCOG

Fetal Arrythmias in Pregnancy and Labour Guidelines

Elective Caesarean Section Pathway

Guideline for intrahepatic cholestasis (OC) in pregnancy

Hypertension in pregnancy guideline

Guideline for the Management of the Small for Gestational Age (SGA) Fetus

Management of spontaneous preterm pre-labour rupture of membranes <34 weeks gestation (PPROM)

Guideline for the Management of term pre-labour rupture of membranes

Management of Iron Deficiency Anaemia in Pregnancy

Protocol for Outpatient Induction of Labour

Equality

DAU is accessible to those of all races, ethnic origins, nationalities, cultures, religions or belief systems, sexual orientation or age. Inevitably, this guideline will apply more so to women than men as this guidance relates to its use to all in pregnancy.

Audit

The guidelines will be reviewed by notes audits, and through the clinical governance framework.

Review

Every three years through the maternity services Clinical Effectiveness Forum.

Appendices

Appendix 1

All women should have their BadgerNet records reviewed and a full history of the current presenting complaint. Initial assessment must include:

- **S – (Situation)**
  Reason for Attendance
  Description of Symptoms
- **B – (Background)**
  Obstetric History
  Medical / Surgical History
- **A – (Assessment)**
  - Maternal assessment of fetal movements
  - BP, Temp, Pulse, Respiratory Rate (postnatal women also require assessment of her breasts, uterus, lochia and wound perineal sutures)
  - Urinalysis
  - Abdominal Palpation and SFH (unless on the serial scan pathway)
  - FH auscultation (Pinard stethoscope initially, then Doppler, CTG or scan as appropriate)
- **R - (Recommendations)**
  - Differential diagnosis
  - Management Plan
  - Review

Appendix 2

SBAR Communication Brief

SBAR Communication

Use the following **SBAR** steps to communicate issues, problems or opportunities for improvement to co-worker's or supervisor. **SBAR** can be applied to both written and verbal communications.

Situation – State what is happening at the present time that has warranted the SBAR communication.

Background – Explain circumstances leading up to this situation. Put the situation into context for the reader/listener.

Assessment – What do you think the problem is?

Recommendation – What would you do to correct the problem?


each baby counts
learn & support
Royal College of Midwives
Royal College of Obstetricians & Gynaecologists
IDENTIFY
COMMUNICATE
ACT
Escalating a clinical situation? Frame what you need to say with safety critical language.
Here are some examples of how you might usually communicate, then how you can use AID:
ADVICE
'Nadia in room 7 is fully dilated and wants to use the pool?'
'I am asking for your ADVICE, around using the birth pool for Nadia in room 7 as she has a borderline BP'
INFORM
'Just to let you know Aaliya in room 4 is fine now.'
'I am INFORMING you - that Aaliya in room 4 had a kiwi at 05:30 and a PPH of 1000mls but is stable now'
DO
'Maggie is fully and pushing with a dodgy CTG'
'I need you to (DO) come straightaway to review the CTG in room 2 which is deteriorating'
We would like to introduce 'AID' throughout the department. If you have a clinical concern to escalate please frame your communication:
I am asking for ADVICE...
I am INFORMING you...
I need you to (DO)...
STILL CONCERNED - ESCALATE FURTHER