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 This is to avoid the risk of out of date printed versions of the document.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: 3
Approved by: Maternity Clinical Effectiveness Forum
Owner: Maternity Services

Issue date: 8/10/2020
Review by date: 8/10/2023

Policy Number: ABHB/F&T/0538

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Introduction

1 Executive Summary

This guideline provides guidance to midwives, obstetricians and other health care professionals on the referral pathways leading to improved outcomes for women and their babies during the antenatal and postnatal period. The Maternity Day Assessment Unit will ensure that fetal and maternal wellbeing are appropriately monitored, assessed and reviewed.

Scope of policy

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

Essential Implementation Criteria

Guidelines are accessible to all relevant staff via the intranet and available for public scrutiny on the internet.

Antenatal day care provides an alternative approach to women attending either the labour ward or the antenatal ward or TRIAGE for investigations. Day Assessment will provide an alternative to in-patient hospital admission. Measurable criteria include:-

- Inappropriate referral to the DAU
- Daily recording of DAU activity for audit and evaluation purposes
- Record keeping and audit of the appropriateness of care provided
- Audit results will be shared at relevant multidisciplinary meetings

Objectives

2 Aims

- To ensure women are provided with a holistic, woman centred approach to care which is planned in partnership with women.
- To monitor maternal and fetal wellbeing in an informal outpatient setting
- Provide prescribed interventions such as fetal monitoring, blood investigation, or ultrasound scan for assessment of factors such as fetal growth, liquor volume or placental function.
- To ensure women receive standardised, evidence base 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.

3 Roles and responsibilities

- As outlined in relevant professional codes and job descriptions.

The midwife working in DAU will:-

- Provide leadership and direction
- Be visible to women and staff
- Have responsibility for the day to day running of DAU
- Working within and being accountable for his/her sphere of practice and in accordance with NMC The Code "Professional standard of practice and behaviour for nurses, midwives and nursing associates.
- Ensuring women are treated with courtesy, dignity and respect at all times.
- Will liaise with GUH TRIAGE staff if obstetric review is required. If necessary the woman will be admitted to TRIAGE.

- Escalate concerns to the Consultant at GUH TRIAGE unit should any acute issues be picked up by sonographer midwives. This can be done remotely using Microsoft Teams.
- Email - All non-acute Doppler results to the Patients Consultant to review and make a plan.
- Email the patients consultant any non-urgent concerns picked up on ultra sound scan.

The obstetric team will:

- Work as part of the MDT in partnership with the woman, her family and the midwife
- Following review, complete a plan of care which must be recorded within the woman's hand held records and uploaded to documents on CWS.

4 Telephone advice

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 designated single point of contact for their Borough.

A telephone assessment will be undertaken using the SBAR telephone advice proforma (See Appendix 1 & 2) and any advice given to the woman will be clearly documented on CWS. Whilst telephone advice may be appropriate for some women, those that require formal assessment should be advised to attend their local hospital where obstetric care is provided for assessment.

Where a woman has been seen by a community midwife and a referral deemed necessary, it is the responsibility of the community midwife to liaise with Day Assessment. Telephone triage will be an integral part of good day assessment management. This will ensure that women are referred according to their symptoms:-

- To the appropriate area
- For review by the most appropriate professional
- In a timely manner
- To ensure that Day Assessment Services are utilised correctly.

Women should be advised to bring their hand held records with them.

Monitoring and Effectiveness

- Patient Administration Systems will be used to monitor activity
- Performance outcomes will be reviewed through clinical audit and clinical risk management systems

6 Referral Criteria

Referrals will be accepted from:-

1 Consultants, Registrars and SHOs
2 General Practitioners
3 Midwives
4 Health Visitors, A&E staff or other members of the multi professional team where appropriate
5 Women – (Self Referral)

7 Related Documents

Local Guidelines / Protocols

- Management of Spontaneous preterm pre-labour rupture of membranes <34 weeks gestation (PPROM)
- Management of Hypertensive Disorders in Pregnancy
- Guideline for the Prevention and Treatment of Thrombosis in Pregnancy and the Postpartum Period
- Thrombosis in Pregnancy and the Postpartum Period – Guideline for the Prevention and Treatment of
- Guideline for the Use of Electronic Fetal Monitoring
- Investigation of Women with Reduced Fetal Movements Protocol
- Management of the Small for Gestational Age Fetus (SGA)
- Guideline for the Management of Pregnancy with Obstetric Cholestasis
- Management of uncertain presentation at term
- Guideline for induction of labour

NICE Guidance :-

- Antenatal Care
- Hypertension
- Induction of Labour
- Diabetes in Pregnancy
- Electronic Fetal Monitoring
- Postnatal Care
- Pregnancy and Complex Social Factors
- Surgical Site Infection

RCOG Green top guidelines:-

- Obstetric Cholestasis (43)
- Antenatal Corticosteroids to Prevent Respiratory Distress Syndrome (7)
- Breech Presentation Management (20b)
- Late Intrauterine Death and Stillbirth (55)
- Thrombosis and Embolism During Pregnancy and the Puerperium, Reducing the Risk (37)
- Thromboembolic Disease in Pregnancy and the Puerperium, Acute Management (28)
- Small for Gestational Age Fetus, Investigation and Management (31)
- Pre term pre labour Rupture of Membranes (44)

8 Criteria for Selecting Women Suitable for Maternity Day Assessment

This list is by no means exhaustive and it is the responsibility of the midwife in charge of the area to decide the appropriateness of the referral.

The DAU is suitable for:-

- Altered / decreased fetal movements for < 24 hours.
- Uncertain Presentation at term – Referred to Midwife sonographer not DAU midwife.
- Management of confirmed obstetric cholestasis

- Surveillance and monitoring of pregnancy Term +14 and in the absence of any other risk factors where induction of labour has been declined by the woman.
- Ongoing assessment of women with complex care needing regular CTG or investigation as per an obstetric plan.
- Monitoring of women with previous intrauterine death or stillbirth as per obstetric plan.
- Ongoing weekly review of women with confirmed pre term pre-labour rupture of membranes following antenatal admission and obstetric plan of care
- Assessment of women who are => 37/40 with possible uncomplicated spontaneous rupture of membranes. **This should include women with a singleton pregnancy, clear liquor and nil contractions only.**
- Management of iron deficiency anaemia ie IV ferrinject.
- Monitoring and surveillance of known small for gestational age / intrauterine growth retardation.
- MLC women undergoing outpatient induction. (*Follow up 12 hour CTG to be performed in GUH)

9 Record Keeping

Care provided will be documented and recorded in accordance with the NMC Code of Conduct 2018, Aneurin Bevan Health Board Record Keeping Policy 2015 and Health Care Standards

10 Pathways of Care

10.1 All women should have their hand held 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)
  History of vaginal loss
  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 SF Height
  FH auscultation (Pinard stethoscope initially, then Doppler, ctg or scan as appropriate)
- R - (Recommendations)
  Differential diagnosis
  Management Plan
  Medical Review

Blood tests should be taken in accordance with the woman's condition. Any blood tests ordered must have the results followed up before discharging the woman home or referred to the community midwife for follow up when an urgent result is not practicable or necessary (e.g. MSU where this is not possible, it is the responsibility of the day assessment midwife to communicate with his/her colleagues and arrange appropriate follow up – e.g. ANC, community midwife, ward.

1 Visiting Policy Within Day Assessment

Maternity Day Assessment is a short term outpatient area. Visitors can use the designated waiting rooms in the reception area of Ante Natal Clinic at the Royal Gwent Hospital or in the designated waiting areas at Nevill Hall Hospital and Ysbyty Ystrad Fawr Antenatal Clinic.

REFERENCES

Haig et al (2006) SBAR – A Shared Mental Model For Improving Communication Between Clinicians Journal on Quality and Patient Safety Vol 32, No 2 p 167 – 175 www.wales.nhs.uk accessed 11.1.11

Kennedy S (2007) Telephone Triage in Maternity Care RCM Midwives Nov / Dec Vol 10 no 10 p 478-480

NHS Institute for Innovation and Improvement (2008) SBAR – What Is It And How Can It Help Me www. Institute.nhs.uk accessed 11.1.11

The NMC Code 2018

ABUHB Clinical Record Keeping Policy 2015

Appendix 1

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?**

Appendix 2 SBAR Telephone Communication Tool ANEURIN BEVAN Maternity Service

<table>
<tr><td rowspan="2">S</td><td>Name

Date of Birth

CRN</td><td>Date

Time

Source of referral</td><td>Situation</td></tr>
<tr><td colspan="2">Antenatal
EDD

Gravida

Parity

PV loss

Membranes time and date

Fetal Movements

Contractions

Planned place of birth

Medical

COVID symptoms</td><td>Postnatal

Days (day 0 for baby birth)

Date last

C/S

SVD

Ventouse

Forceps</td></tr>
<tr><td>B</td><td colspan="3">Background</td></tr>
<tr><td>A</td><td colspan="3">Assessment</td></tr>
<tr><td>R</td><td colspan="3">Recommendation</td></tr>
</table>

Rag rating RED AMBER GREEN	Please circle
Time Received	Admission DAU ANC Midwife
Time Tag assessed	Name and grade of person completing
Time out	