



**Aneurin Bevan University Health Board**

# **Emergency Maternity Triage 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 This is to avoid the risk of out-of-date printed versions of the document.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.*

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## **1. Introduction/Overview**

The purpose of this guideline is to provide clinicians working within the maternity service evidence-based guidelines

## **2. Aims/Purpose**

- To provide a safe and effective assessment service
- To reduce inappropriate antenatal ward admissions
- To reduce waiting times for women who require an obstetric review
- To ensure prompt assessment of women who require an urgent obstetric opinion
- To ensure that there is an appropriate priority system in place in order to provide timely assessment for women

## **3. Objectives**

This document will hope to achieve a clear form of guidance for clinicians to utilise in their practice when assessing maternity patients in this clinical setting.

## **4. Scope**

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

## **5. Roles and Responsibilities**

**The midwife working within Admissions Triage will be responsible on a daily basis for:**

- Providing leadership and direction.
- Being visible to women and staff.
- Being responsible for the day to day running of Emergency Maternity Triage.
- Completing accurate and contemporaneous documentation, utilising SBAR and triage proformas (see Appendix 1, 2 and 3)
- Acting in accordance with NMC Code of Conduct, Midwifery Rules and Standards within his / her sphere of practice
- Being accountable and autonomous for his / her practice
- Ensuring women are treated with courtesy, dignity and respect at all times

## **The Obstetric Team will:**

- Work as part of a multi-disciplinary team, in partnership with women and their family.
- The Doctor allocated to Triage should liaise with labour or maternity ward if necessary.
- Following review, a plan of care must be clearly documented in the woman's notes.

## **6. Telephone Assessment**

Pregnant women or professionals should be advised to contact the Admissions Triage Unit if they are experiencing any pregnancy related problem from 20/40 up to 28 days postnatal. Women should be encouraged to contact their community midwife for advice in the first instance via designated single point of contact for their Borough.

### ***Telephone Triage***

A telephone assessment will be undertaken using the SBAR telephone advice proforma (Appendix 1) and any advice given to the woman will be clearly documented. Whilst telephone advice maybe appropriate for some women, those that require formal assessment should be advised to attend the necessary destination including their GP, Community midwife, Maternity unit or hospital for assessment.

### ***Midwifery Referral***

Where a woman has been examined by a midwife and a referral deemed necessary, it is the responsibility of the midwife to liaise with Emergency Maternity Triage. Telephone triage will be an integral part of good triage management. This will ensure that women are referred according to their symptoms:

- To the appropriate area for review by the most appropriate professional and in a timely manner.
- To ensure that Admissions Triage is utilized correctly.

Women should be advised to bring their hand-held records with them. All patients should be assessed for COVID symptoms prior to admission.

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## **7. Criteria for Selecting Women Suitable for Admissions Triage**

This list is by no means exhaustive and it is the responsibility of the midwife designated to Emergency Maternity Triage, to decide the appropriateness of the referral.

Emergency Maternity Triage is suitable for women who require an obstetric opinion that cannot be planned for in an antenatal clinic or day assessment unit and may include:

- Absent fetal movements >24hours / suspected IUD
- Altered fetal movements and suspected SROM (Labour, GBS and meconium liquor excluded) outside of DAU hours
- Women who are symptomatic of Pre-Eclampsia
- Women with PV bleeding – APH or PPH
- History of Fall or Trauma to abdominal wall
- Suspected preterm pre-labour rupture of membranes (20-36+6/40)
- ROM test positive with no obvious pooling of liquor, consider USS and refer to a senior obstetrician.
- Possible labour and/or abdominal pain
- Obvious SROM with Meconium-stained liquor not post dates
- Shortness of breath, chest pain or query PE
- Women who complain of feeling generally unwell (ante or postnatal)
- Hyperemesis
- Newly elevated Bile Acids (BA)/ Alanine Transaminase (ALT) with assessment for Intrahepatic Cholestasis of Pregnancy (ICP)
- Suspected DVT
- Follow up assessment from clinical areas such as A&E

It is important to note, not all presenting complaints require obstetric review immediately and will need referral to other departments such as Symptomatic of illnesses such as Gallstones, Appendicitis or Pancreatitis

- Ongoing treatment and/or assessment of medical conditions outside of pregnancy

Please refer to Appendix 4 for Pathway of obstetric referrals.

## **8. Record Keeping**

Care provided will be documented and recorded in accordance with the NMC Guidance for Record Keeping (2009), Aneurin Bevan Record Keeping Policy and Health Care Standards. Using the appropriate triage proformas (see Appendix 2 and 3).

## **9. Pathways of Care**

**All patients will need observations and urine sample on admission**

**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

Current medications and known allergies

Recent haemoglobin level, blood group and placental site

### **A – (Assessment)**

#### **Ante natal women**

History of vaginal loss

Maternal assessment of fetal movements

Observations and Urinalysis

Abdominal Palpation and SFH Height

FH auscultation (Pinard stethoscope initially, then Doppler or CTG, USS if necessary).

Consider VTE

If clinically necessary vaginal assessment including speculum under 37/40 if completed training (see Appendix 4).

#### **Postnatal women**

Observations and Urinalysis

Assessment of breasts, uterus, lochia, legs, bladder and bowel, perineum and/or wound.

Consider VTE, Infant Feeding Choice, Sepsis

### **R – (Recommendations)**

Differential Diagnosis

Management Plan

Medical Review

Follow up with community midwife and/or GP if necessary

Follow up on all investigations (i.e., blood samples)

**See Appendix 6-8 for flow charts of care for different clinical scenarios.**

## **10. Resources**

There are no resource problems regarding this guideline.

## **11. Training**

Further training is available for all midwives to complete premature speculums from 20/40 pregnant alongside the current practice of speculum examinations from 37/40. These premature examinations should not be completed for any patient with placenta praevia and/ or active PV bleeding. Tests that can be completed alongside this examination include Fetal Fibronectin, ROM tests and HVS. Please see Appendix 5 for the training proforma to be completed by a midwife and witnessed and signed by an Obstetric Registrar or Consultant. A record of completion of this training should be sent to the appropriate line manager.

Specific training for other forms of practice, including sonography and independent prescribing can be completed by midwives and then these skills can be utilised within Emergency Maternity Triage when appropriate and within the limitations of each midwife's scope of practice. Training will need to identified through appraisal and clinical supervision.

## **12. Implementation**

This documented, once approved, should be implemented with immediate effect to work alongside other current guidelines including All Wales Altered Fetal Movements Guideline (see References).

## **13. Further Information Clinical Documents**

Evidence for information within this guideline is multifaceted and includes professional bodies such as Royal College of Obstetricians and Gynaecology (RCOG), Nursing and Midwifery Council (NMC) and National Institute of Health and Care Excellence (NICE). Guidelines such as this need to be reviewed regularly to keep up to date with evidence based practice and this will currently be done on a 3 yearly basis.

## **14. Health and Care Standards Wales**

This section should outline how the proposal contributes to compliance with the Health and Care Standards Wales and should also indicate to which Standards this area of activity is linked.

## **15. Equality**

Local service Improvement Plan will guide monitoring and effectiveness.

*This policy has undergone an equality impact assessment screening process using the toolkit designed by the NHS Centre Equality & Human Rights. Details of the screening process for this policy are available from the policy owner.*

## **16. Environmental Impact**

No environmental impact assessment will need to be completed.

## **17. Audit**

There will be an annual audit of this guideline.

## **18. Review**

Review of this document will be on a 3 yearly basis unless new evidence requires an earlier review.

## **19. References**

- 1) Maternity Services in Aneurin Bevan University Health Board [ABUHB]. (2019). *Guideline for Obstetric Cholestasis in Pregnancy*. [Online]. Aneurin Bevan University Health Board [ABUHB]. Last Updated: 26th September 2019. Available at: [https://nhs.wales365.sharepoint.com/sites/ABB\\_Pulse\\_Policies/Families%20%20Therapies/Management%20of%20](https://nhs.wales365.sharepoint.com/sites/ABB_Pulse_Policies/Families%20%20Therapies/Management%20of%20)
- 2) Maternity Services in Aneurin Bevan University Health Board [ABUHB]. (2021). *Guideline for the Prevention and Treatment of Thrombosis in Pregnancy and the Postpartum Period*. [Online]. Aneurin Bevan University Health Board [ABUHB]. Last Updated: 1st April 2021. Available at: [https://nhs.wales365.sharepoint.com/sites/ABB\\_Pulse\\_Policies/Families%20%20Therapies/Forms/All%20Staf](https://nhs.wales365.sharepoint.com/sites/ABB_Pulse_Policies/Families%20%20Therapies/Forms/All%20Staf).
- 3) Maternity Services in Aneurin Bevan University Health Board [ABUHB]. (2021). *Labour Ward Guidelines*. [Online]. Aneurin Bevan University Health Board [ABUHB]. Last Updated: 30th November 2021. Available at:



[https://nhswales365.sharepoint.com/sites/ABB\\_Pulse\\_Policies/Families%20%20Therapies/Labour%20Ward%20](https://nhswales365.sharepoint.com/sites/ABB_Pulse_Policies/Families%20%20Therapies/Labour%20Ward%20).


- 4) National Institute of Health and Care Excellence [NICE]. (2021). *Antenatal care*. [Online]. Last Updated: 19th August 2021. Available at: <https://www.nice.org.uk/guidance/ng201>.
- 5) National Institute of Health and Care Excellence [NICE]. (2019). *Hypertension in pregnancy: diagnosis and management NICE guideline [NG133]*. [Online]. Last Updated: 25th June 2019. Available at: <https://www.nice.org.uk/guidance/ng133>.
- 6) National Institute of Health and Care Excellence [NICE]. (2019). *Intrapartum care for women with existing medical conditions or obstetric complications and their babies*. [Online]. Last Updated: 25th April 2019. Available at: <https://www.nice.org.uk/guidance/ng121>.
- 7) National Institute of Health and Care Excellence [NICE]. (2021). *Postnatal care*. [Online]. Last Updated: 20th April 2021. Available at: <https://www.nice.org.uk/guidance/ng194>.
- 8) QUIPP App Toolkit Group. (2020). *QUIPP for staff*. [Online]. QUIPP App Toolkit Group. Available at: [https://hubble-live-assets.s3.amazonaws.com/bapm/redactor2\\_assets/files/619/3.\\_QUIPP\\_For\\_staff\\_v02.p](https://hubble-live-assets.s3.amazonaws.com/bapm/redactor2_assets/files/619/3._QUIPP_For_staff_v02.p) [Accessed 31 May 2023].
- 9) Shaw, L-E. (2021). *Altered Fetal Movements*. [Online]. All Wales Maternity & Neonatal Network Guidelines. Last Updated: 14th September 2021. Available at: <https://wisdom.nhs.wales/all-wales-guidelines/all-wales-guidelines/all-wales-altered-fetal-movements>.
- 10) Royal College of Obstetricians and Gynaecologists [RCOG]. (2022). *Intrahepatic cholestasis of pregnancy Green-top Guideline No. 43*. [Online]. Last Updated: June 2022. Available at: <https://obgyn.onlinelibrary.wiley.com/doi/pdf/10.1111/1471-0528.17206>.


## 20. Appendices

### APPENDIX 1 – Telephone SBAR

NAME _____	DATE _____
DOB _____	TIME _____
CRN _____	SOURCE OF REFERRAL _____
INTERPRETER REQUIRED Y/N _____	ASSESSMENT BY _____
EDD/ WEEKS PREGNANT _____	PARITY _____
GRAVIDA _____	DAYS POSTNATAL _____
PARITY _____	MODE OF DELIVERY _____
PV LOSS _____	BREASTS _____
MEMBRANES _____	UTERUS _____
FETAL MOVEMENTS _____	PERINEUM _____
CONTRACTIONS _____	WOUND _____
MEDICAL OR OBSTETRIC HISTORY _____	LOCHIA _____
_____	LEGS _____
_____	PU/BO _____
MLC/OLC _____	REASON FOR CALL _____
COVID SYMPTOMS Y/N _____	_____
REASON FOR CALL _____	_____
_____	_____
_____	RECOMMENDATION _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
RECENT HB _____	BRING NOTES <input type="checkbox"/>
BLOOD GROUP _____	LFT TESTING FOR VISITORS <input type="checkbox"/>
PLACENTA _____	

## APPENDIX 2 – Antenatal Proforma

 <b>GIG NHS</b>   Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	
<b>ADDRESSOGRAPH</b>	<b>Date &amp; Time of Phone call:</b>  <b>Time of arrival:</b>  <b>Time seen:</b>
<b>ABUHB ANTENATAL TRIAGE DOCUMENT</b>	
<b>Referral type:</b> SELF      CMW      GP	<b>EDD:</b> / / <b>Gestation:</b> +
<b>Other:</b>	<b>Gravida</b> <b>Para</b>
<b>Care To and Signature:</b>	<b>BMI:</b> <b>Last Hb:</b>
<b>COVID-19 swab:</b> <input type="checkbox"/>	<b>Placental Site:</b>
<b>MLC/CLC CONSULTANT:</b>	<b>Rhesus status:</b>
	<b>GBS Status:</b> POS   NEG   UNKNOWN
	<b>Current Medications:</b>
	<b>Allergies:</b>
<b><u>CURRENT OBSTETRIC SITUATION:</u></b>	<b><u>Obstetric History:</u></b>
<b><u>Medical History:</u></b>	<b><u>Last USS Date and Findings:</u></b>



**GIG  
CYMRU  
NHS  
WALES**

Bwrdd Iechyd Prifysgol  
 Aneurin Bevan  
 University Health Board

<b>ADDRESSOGRAPH</b>	<b>Date &amp; Time:</b>																								
<div style="border: 1px solid black; padding: 5px;"> <b><u>Observations:</u></b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;"><b><u>TIME TAKEN:</u></b></th> <th style="width: 33%;"><b><u>TIME TAKEN:</u></b></th> <th style="width: 33%;"><b><u>TIME TAKEN:</u></b></th> </tr> </thead> <tbody> <tr> <td><b>Pulse:</b></td> <td><b>Pulse:</b></td> <td><b>Pulse:</b></td> </tr> <tr> <td><b>BP:</b></td> <td><b>BP:</b></td> <td><b>BP:</b></td> </tr> <tr> <td><b>RR:</b></td> <td><b>RR:</b></td> <td><b>RR:</b></td> </tr> <tr> <td><b>O2 Sats:</b></td> <td><b>O2 Sat:</b></td> <td><b>O2 Sats:</b></td> </tr> <tr> <td><b>Temp:</b></td> <td><b>Temp:</b></td> <td><b>Temp:</b></td> </tr> <tr> <td colspan="3" style="padding-top: 10px;"> <b>Urinalysis:</b>  <b>MSU sent: YES / NO</b> </td> </tr> <tr> <td colspan="3" style="padding-top: 10px;"> <b>BM:</b> </td> </tr> </tbody> </table> </div>		<b><u>TIME TAKEN:</u></b>	<b><u>TIME TAKEN:</u></b>	<b><u>TIME TAKEN:</u></b>	<b>Pulse:</b>	<b>Pulse:</b>	<b>Pulse:</b>	<b>BP:</b>	<b>BP:</b>	<b>BP:</b>	<b>RR:</b>	<b>RR:</b>	<b>RR:</b>	<b>O2 Sats:</b>	<b>O2 Sat:</b>	<b>O2 Sats:</b>	<b>Temp:</b>	<b>Temp:</b>	<b>Temp:</b>	<b>Urinalysis:</b> <b>MSU sent: YES / NO</b>			<b>BM:</b>		
<b><u>TIME TAKEN:</u></b>	<b><u>TIME TAKEN:</u></b>	<b><u>TIME TAKEN:</u></b>																							
<b>Pulse:</b>	<b>Pulse:</b>	<b>Pulse:</b>																							
<b>BP:</b>	<b>BP:</b>	<b>BP:</b>																							
<b>RR:</b>	<b>RR:</b>	<b>RR:</b>																							
<b>O2 Sats:</b>	<b>O2 Sat:</b>	<b>O2 Sats:</b>																							
<b>Temp:</b>	<b>Temp:</b>	<b>Temp:</b>																							
<b>Urinalysis:</b> <b>MSU sent: YES / NO</b>																									
<b>BM:</b>																									
<div style="border: 1px solid black; padding: 5px;"> <b><u>MATERNAL ASSESSMENT:</u></b> </div>																									

2

<div style="border: 1px solid black; height: 80px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">ADDRESSOGRAPH</div> <div style="border: 1px solid black; padding: 2px;">Date &amp; Time:</div> </div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="4">Checklist to exclude chronic hypoxia and pre-existing fetal injury</th> </tr> <tr> <td style="width: 5%;">1</td> <td style="width: 75%;">Baseline fetal heart appropriate for gestation</td> <td style="width: 10%;">Yes</td> <td style="width: 10%;">No</td> </tr> <tr> <td>2</td> <td>Normal variability and cycling</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>3</td> <td>Presence of acceleration (not in labour or latent phase of labour)</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>4</td> <td>No shallow / late decelerations</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>5</td> <td>Consider the wider clinical picture: meconium, temperature, fetal growth retardation, reduced fetal movements</td> <td>Yes</td> <td>No</td> </tr> </table> <p>Overall Impression: Normal / Chronic Hypoxia / Other</p> <p>Management Plan:</p>	Checklist to exclude chronic hypoxia and pre-existing fetal injury				1	Baseline fetal heart appropriate for gestation	Yes	No	2	Normal variability and cycling	Yes	No	3	Presence of acceleration (not in labour or latent phase of labour)	Yes	No	4	No shallow / late decelerations	Yes	No	5	Consider the wider clinical picture: meconium, temperature, fetal growth retardation, reduced fetal movements	Yes	No
Checklist to exclude chronic hypoxia and pre-existing fetal injury																									
1	Baseline fetal heart appropriate for gestation	Yes	No																						
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3	Presence of acceleration (not in labour or latent phase of labour)	Yes	No																						
4	No shallow / late decelerations	Yes	No																						
5	Consider the wider clinical picture: meconium, temperature, fetal growth retardation, reduced fetal movements	Yes	No																						

<p><b>ABDOMINAL PALPATION:</b></p> <p>LIE:</p> <p>PRESENTATION:</p> <p>FH BPM:</p> <p>Dawes – Redman Criteria Met? Y/N</p>	<p><b>FUNDAL HEIGHT:</b></p> <p>FMF? Y/N/REDUCED (circle as appropriate)</p> <p>CTG Needed? Y/N</p>
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<p><b>VE/SPECULUM @</b></p> <p><b>EXTERNAL VAGINA AND GENITALIA:</b></p> <p><b>DILATATION:</b></p> <p><b>PP:</b></p> <p>Liquor? Y/N</p> <p>Discharge? Y/N</p> <p>ROM test? POS/NEG</p> <p>Bishop Score:</p> <p>Stretch and Sweep? Y/N</p> <p>FH POST EXAM:</p>	<p><b>CONSENT:</b> <input type="checkbox"/></p> <p><b>POSITION:</b></p> <p><b>EFFACEMENT:</b></p> <p><b>APPLICATION:</b></p> <p>Colour:</p> <p>HVS Sent: YES/NO</p> <p>Fibronectin? POS/NEG</p>
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<p><b>Investigations completed:</b></p>	<p><b>Results:</b></p> <p>HB</p> <p>WCC</p> <p>PLTs</p> <p>U&amp;Es</p> <p>LFTs</p> <p>BA</p> <p>PCR</p> <p>CRP</p> <p>COAG</p> <p>URATES</p>
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REFERRED TO OBSTETRIC TEAM? Y/N	VTE COMPLETED <input type="checkbox"/>
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The form is titled 'ADDRESSOGRAPH' in the top left corner. In the top right corner, there is a logo for 'GIG CYMRU NHS UK' and the text 'Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board'. Below the title, there is a 'Date & Time:' field. The main body of the form is a large rectangular area with horizontal ruling lines for writing.

### APPENDIX 3 – Postnatal Proforma

Status: Issue 4  
Approved by: Clinical Effectiveness Forum

Issue date: 7th July 2023  
Review by date: 6<sup>TH</sup> July May 2026

 <b>GIG NHS</b>   Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board															
<b>ADDRESSOGRAPH</b>	<b>Date &amp; Time:</b>														
<b><u>ABUHB OBSTETRIC TRIAGE DOCUMENT</u></b>															
<b>Time of arrival:</b>	<table border="1"><thead><tr><th>Para</th><th>Day</th></tr></thead><tbody><tr><td>BMI</td><td>Hb</td></tr><tr><td>Delivery:</td><td></td></tr><tr><td>MBL:</td><td></td></tr><tr><td>Rhesus status:</td><td></td></tr><tr><td>Allergies:</td><td></td></tr><tr><td>COVID-19 Swab:</td><td></td></tr></tbody></table>	Para	Day	BMI	Hb	Delivery:		MBL:		Rhesus status:		Allergies:		COVID-19 Swab:	
Para	Day														
BMI	Hb														
Delivery:															
MBL:															
Rhesus status:															
Allergies:															
COVID-19 Swab:															
<b>Referral type:</b> SELF      CMW      GP															
<b>Other:</b>															
<b>Care To:</b>															
<b>Signature:</b>															
<b>Consultant :</b> <b>MLC :</b>															
<b><u>CURRENT OBSTETRIC SITUATION:</u></b> Presents with	<b><u>Obstetric History</u></b>														
	<b><u>Medical History</u></b>														

1



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University Health Board

**ADDRESSOGRAPH**

Date & Time:

**Maternal Assessment**

Lochia  
Legs  
Uterus  
Wound  
Perineum  
Breasts  
Passing Urine?  
Opened Bowels?

**OBSERVATIONS:**

**Time taken:**

BP  
P  
R  
T  
SPO2  
Urine

**Investigations:**

**VTE COMPLETED**

☐

**Recommendations and Plan:**

Referred to Obstetric Team? Y/N

ADMIT

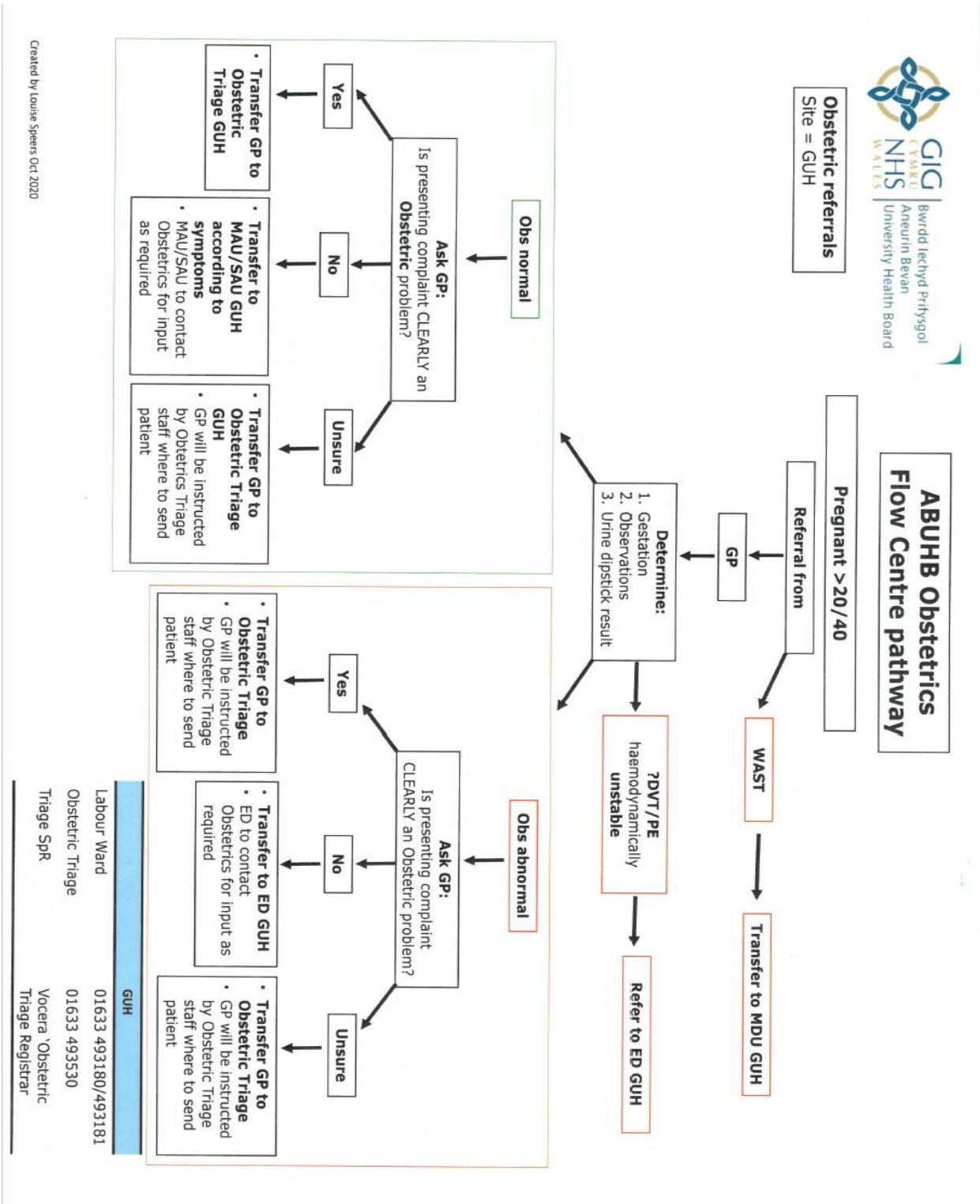
DISCHARGE

Follow up plan:



Status: Issue 4  
Approved by: Clinical Effectiveness Forum

## APPENDIX 4 – Obstetric Referral Pathway



## APPENDIX 5 – Premature Speculum Training

### MATERNITY TRIAGE VAGINAL SPECULUM COMPETENCIES

Name:

Assessment criteria

Achieved

Identifies indication & rationale for speculum

Prepares:

- patient
- self
- equipment

Selects appropriate sized speculum

Explains procedure to patient

Obtains verbal consent

Implements ANNT & PPE

Demonstrates appropriate procedure & technique

Demonstrates correct use of FFN & ROM tests

Communicates findings to patient

Documentation

Achieved Y N

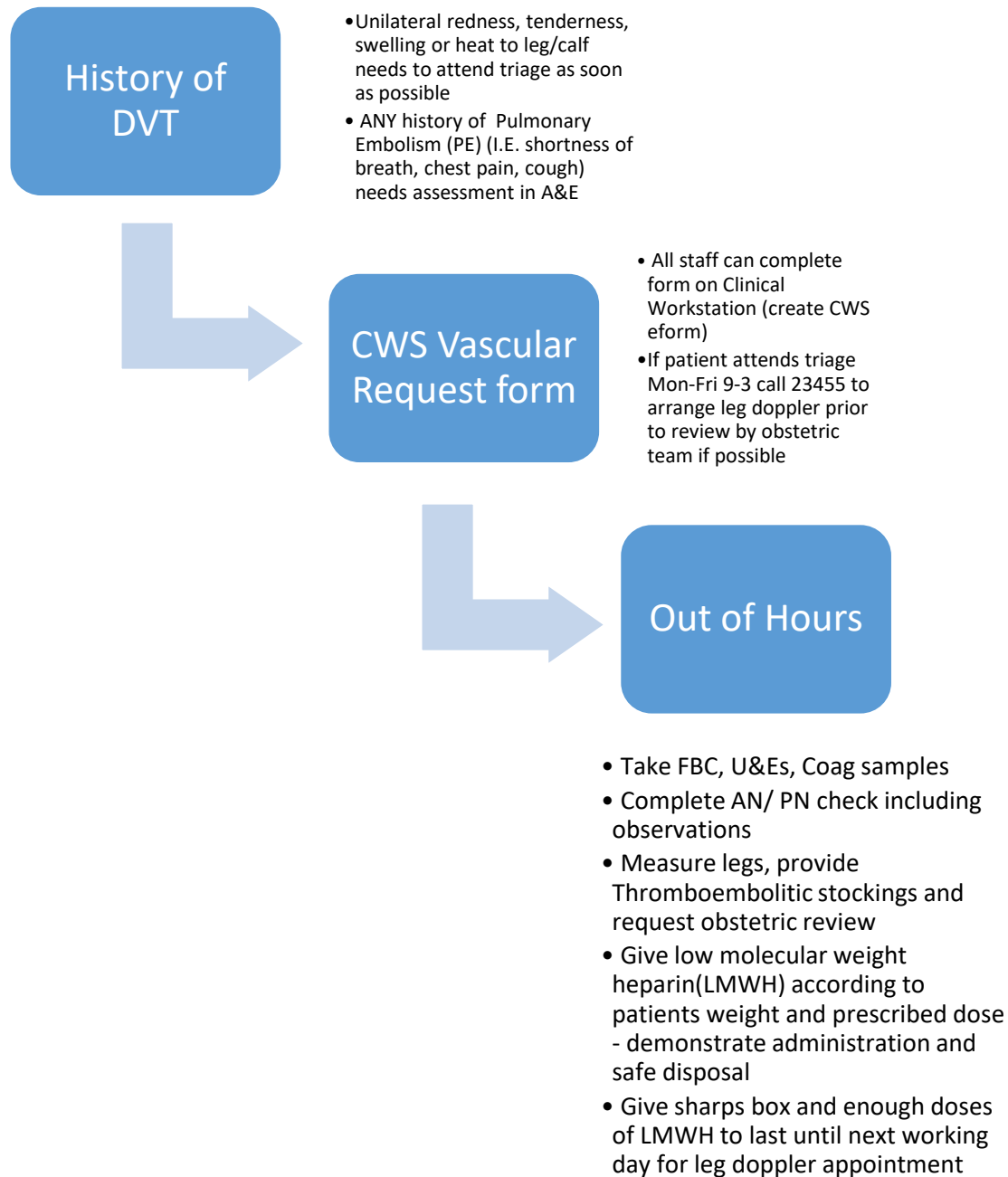
Participant:

Assessor:

Signature:

Signature:

## APPENDIX 6 – Deep Vein Thrombosis (DVT) care flowchart



Please utilise Thrombosis in Pregnancy and Postpartum period Guideline (see references)

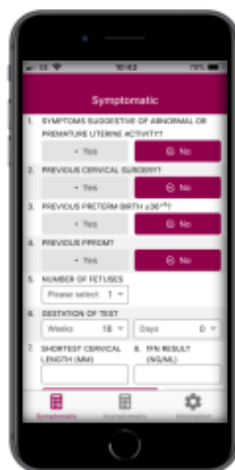
## APPENDIX 7 –QUIPP App

### 3. How to use the QUIPP App



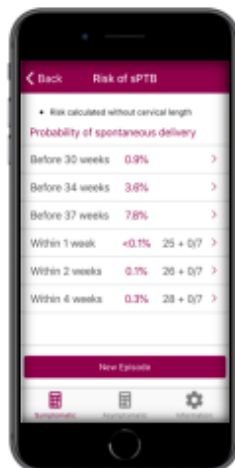
- Free to download on Apple and Android– search 'QUIPP'
- However, if a phone is not available or you would use a website version there is a website version available at: [www.quipp.org](http://www.quipp.org)
- Decision- support tool

The App interface looks like this for symptomatic women:



1. This should be yes because she has arrived at your unit with symptoms
2. Cervical surgery includes large loop excision of transformation zone, laser treatments or cone biopsy
3. This refers to a spontaneous preterm birth at 36+6 or less
4. This refers to a spontaneous premature rupture of membranes in a previous pregnancy
5. The app can be used in twins or singletons
6. The current gestation of the woman
7. Her cervical length via transvaginal scan (within the last 24 hours only). If you do not have a result for this please leave this section blank
8. The woman's quantitative Fetal Fibronectin result

Press calculate!



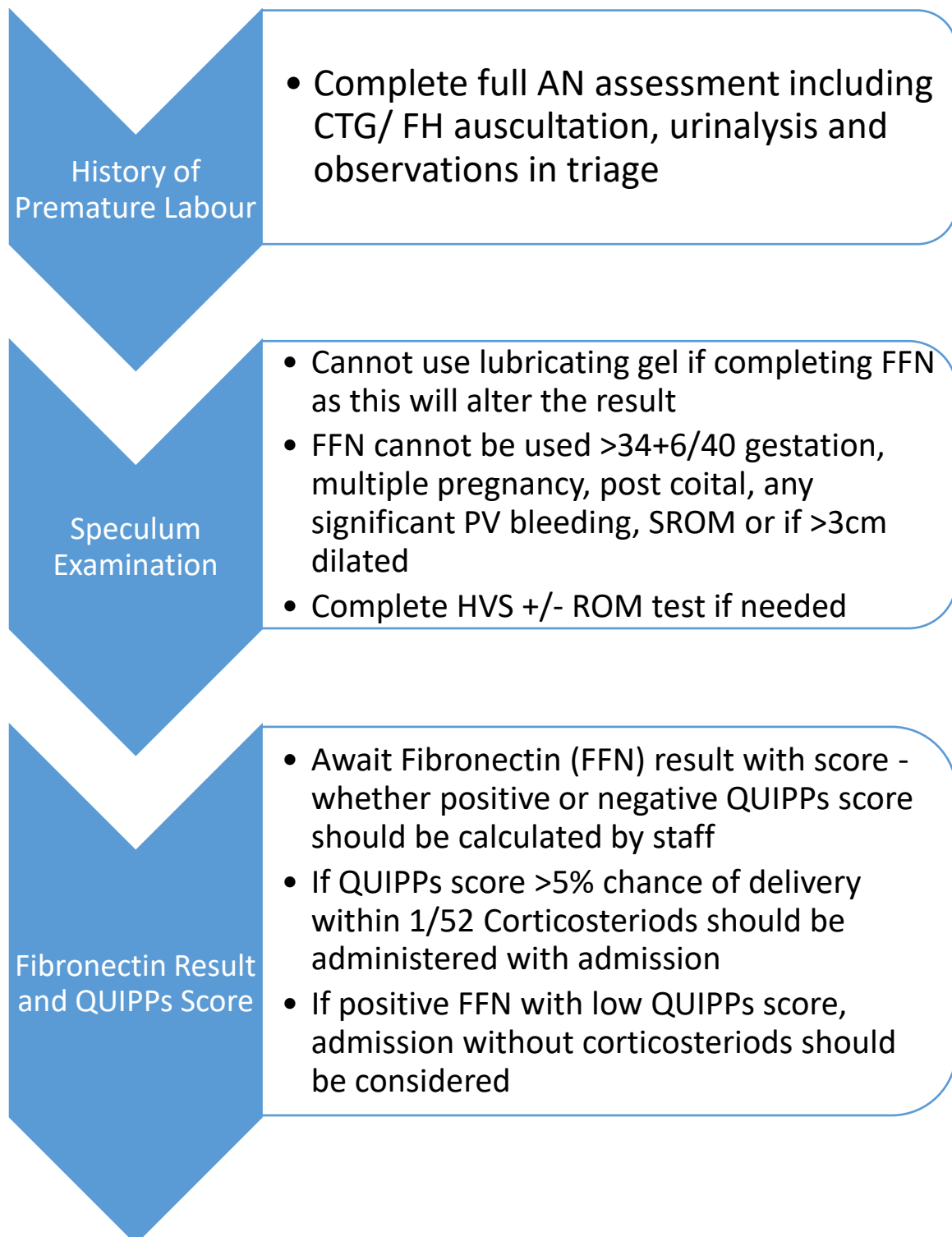
This woman has a risk of less than 0.1% of delivering within the next week.

If this was more than 5% you may consider admitting her, giving her steroids and/or transferring to another unit.

You can use the longer term predictions to decide when to see her again.

Please utilise QUIPP App and toolkit (2020) (see references)

## APPENDIX 8 – Fibronectin care flowchart



Please utilise Labour Ward Guidelines (see references)

## APPENDIX 9 – ROM test care flowchart

History of Rupture  
of Membranes  
(SROM)



Speculum  
Examination



ROM test

- Complete full AN check including FH auscultation/CTG, Urinalysis and arrange Obstetric review if necessary (i.e. Premature SROM)

- If unable to determine SROM from history or visualising PV loss then perform a speculum examination

- If unable to determine SROM from speculum and history, perform ROM test alongside the above
- Swab in posterior fornix and cervical os for 15 seconds, place swab into solution for 15 seconds, and then the replace with dipstick for minimum of 5 minutes
- ROM test is not accurate with significant PV bleeding

Please utilise Labour Ward Guidelines (see References)