

## Standard Operating Procedure (SOP)

<b>Department:</b>	Maternity and Neonatal
<b>SOP Ref No:</b>	ABUHB/F&T/1326
<b>SOP Title:</b>	Open Access to Maternity Triage

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## Change / Amendment History

Version No	Effective Date	Brief Summary of Changes	Author
1	08/02/2026	<ul style="list-style-type: none"> <li>Original document created.</li> </ul>	R Clement E Bird



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## 1 Introduction

This SOP outlines the criteria and process for offering Open Access to the Maternity Triage Unit at the Grange University Hospital for individuals who experience difficulties communicating due to language barriers or other communication needs.

The aim of the Open Access Scheme is to reduce the barriers experienced by those with communication difficulties to receiving prompt and appropriate care.

Effective communication is critical for accurate clinical assessment and ensuring patient safety. Patients who face communication challenges—whether due to language barriers or other needs—may struggle to express concerns and symptoms during pregnancy. This can result in delayed diagnoses, inappropriate treatment, and adverse health outcomes. MBRRACE reports have consistently highlighted that many adverse outcomes are linked to delays in care, miscommunication, or missed symptoms. Ineffective communication between patients and healthcare providers is a recurring factor in preventable maternal deaths. The Open Access scheme aims to break down communication barriers, promote equitable access to healthcare, and ultimately reduce the risk of maternal morbidity and mortality.

This will be achieved by removing the requirement for women with communication barriers to call the Maternity Triage Unit before attendance.

## 2 Scope

This SOP applies to all healthcare professionals who provide care to pregnant and postnatal women within Aneurin Bevan University Health Board who can act as referring practitioners to the Open Access scheme, and midwives caring for identified women on the Maternity Triage Unit.

Throughout this document the words woman and women have been used as this is the way the majority of those in the perinatal period identify. It also includes people whose gender identity does not correspond with their observed birth sex or who may have a non-binary identity.

### 3 Roles & Responsibilities

#### **Community/ Referring Midwife**

- Identify and discuss use of Open Access.
- Have awareness of how to access interpretation services e.g. Big Word, Language line (see [Interpreting & Translation Service](#) for how to access services).

#### **Maternity Triage Unit Midwife/Staff**

- Identify women with Open Access on arrival to the Maternity Triage Unit.
- Ensure suitable interpretation services are used throughout admission.
- Record the Open Access attendance on the Triage Audit spreadsheet.

#### **Senior Midwifery Manager (Inpatient)**

- Ensure availability of interpretation services (e.g. insight, language line).
- Monitor Open Access attendances to Triage to ensure no negative impact on acuity.

#### **Senior Midwifery Manager (Community)**

- Ensure maternity teams in the community and antenatal clinics are aware of the Open Access scheme and encouraged to refer suitable women.
- Monitor referral onto the Open Access scheme to ensure this aligns with expected number of referrals based on booking data.

### 4 Procedure

#### **Inclusion Criteria**

Status: Issue 1

Owner: Maternity

Issue date: 02/03/2026

Review by date: 02/03/2029

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Open Access is a service for individuals who have difficulty communicating in English. This includes those with limited or no understanding of English, whether due to it not being their first language or because of other communication needs, such as being deaf and requiring the use of BSL. It is up to the judgement of the referring professional to determine whether the Open Access scheme would be beneficial for each woman.

This service should **not** be offered to all women and must be prioritised for those for whom accurate and efficient triaging would not be achievable by phone.

Women who **do not** meet the criteria for Open Access should be advised to call the Maternity Triage Unit, on 01633 493530 for any urgent pregnancy concerns.

## **Guidance for Use**

### **Community Midwives**

While most women will be identified by their community midwives at booking (or any stage of pregnancy); any midwife, sonographer, health care support worker (HCSW) or obstetrician who feels a woman would benefit from Open Access can refer to the scheme.

Following identification, women should be counselled using appropriate interpretation services to explain the Open Access scheme, including indications for attending the Maternity Triage Unit (Appendix 2).

The following should be explained:

1. Open Access enables the woman to have access to the Maternity Triage Unit 24/7 without phoning prior.
2. Ensure understanding of the location and address of the Maternity Triage Unit.
3. Ensure understanding of the reasons why the woman should attend (see Appendix 2)



4. Ensure understanding that the women will be triaged according to Birmingham Symptom-specific Obstetric Triage System (BSOTS) (aim to initially triage within 15 minutes and be seen by a doctor in the allocated time if required) and that Open Access does not mean the woman will receive priority treatment after the initial assessment in Triage.
5. Advise women to present Open Access Card (Appendix 1) to a member of staff upon arrival at Triage.

Following counselling and ensuring understanding an Open Access card should be provided to women, ensuring all the details are completed. A Badgernet referral to the Open Access scheme should be created for each woman referred and a manual alert added by the referring midwife stating "Open Access to Triage" to avoid duplicate referrals.

### **Midwives in the Maternity Triage Unit**

When a woman with Open Access attends the Maternity Triage Unit, she will present her Open Access card. This allows easy identification of women requiring interpretation services and will facilitate identification of a woman's preferred language and method of communication. Appropriate interpretation should then be used throughout her time in Maternity Triage by all members of staff. Family members and friends should not be used as this is not appropriate interpretation (see [Interpreter and Translation Services Policy](#)). If interpretation services are declined, this should be clearly documented in the notes.

For monitoring purposes, it should be recorded in the dedicated column on the Triage Audit spreadsheet that the woman is an Open Access attender.

## **5 Forms / Templates to be used (if applicable)**

The Open Access referral form on Badgernet should be utilised to register referral to the scheme. This referral is for audit and monitoring purposes only and no



further action is required. During the referral process, the community midwife confirms they have given the woman all recommended information to enable self-referral to Maternity Triage if required. It should be noted that implementation of the Open Access service is in addition to the services currently available and no existing service will be removed from this patient group.

## 6 Appendix

### Appendix 1. Rapid Access Card

**Mynediad Agored i Frysbennu Mamolaeth**      **Open Access to Maternity Triage**

**Enu / Name**  
[Input field]

**Dyddiad dyledus / My due date**  
[Input field]

**Dewis iaith/Preferred language**  
[Input field]

Trefnwch fi i'r adran mamolaeth. Efallai y bydd angen cyfeilthydd arna i i helpu gyda'r cyfeiriadau.  
Please direct me to the maternity department. I might need an interpreter to help me with directions.

## Appendix 2. Triage contact infographics

# WHO TO CONTACT



<p style="text-align: center;"><b>GP / 111</b></p> <p>Pregnancy related concerns, &lt;20 weeks pregnant</p> <p>Non-pregnancy related concerns</p> <p>UTI / thrush (with no abdominal pain)</p> <p>Concerns with wound healing - if feeling generally well</p> <p>Concerns after 28 days postnatal for yourself and baby</p>	<p style="text-align: center;"><b>Emergency Maternity Triage</b></p> <p>Pregnancy related concerns, &gt;20 weeks pregnant</p> <p>Concerns with yourself up to 28 days postnatal</p>	<p style="text-align: center;"><b>Information or concerns about your baby</b></p> <p>General queries - Community Midwife, GUH Birth Centre during the night</p> <p>Concerns - GP / 111 / A&amp;E if urgent</p> <p>General queries after 28 days - Health Visitor (9am-5pm Mon - Fri)</p>
<p style="text-align: center;"><b>Community Midwife</b></p> <p>General pregnancy queries</p> <p>Itching to hands and feet</p> <p>General queries about your baby</p>		<p>If your concern is not included or you're unsure who to call, please contact Community Midwife / Emergency Maternity Triage to advise you further</p>

**Further contact information**

**Appointments** - Community Midwife, Antenatal Clinic, Day Assessment Unit

**Test results** - For tests that are taken, we usually only call if result requires treatment or follow up  
*Please do not call triage for test results, no news is good news*

**General queries about induction of labour / caesarean section** - Community Midwife or Obstetric Consultant

**Information about your induction of labour** - Induction of Labour Ward

**Information about your planned caesarean section** - We will contact you 10-14 days prior to your c-section being booked and give you a contact number should you need it. *Please do not call triage for information about caesarean sections*

**Complaints** - Putting Things Right

**PLEASE DO NOT CALL TRIAGE FOR GENERAL ENQUIRIES, IT IS AN EMERGENCY LINE.**

<p>Community Midwife bases:</p> <p>YYF - 01443 802437 RGH - 01633 234009 Torfaen - 01495 768616</p> <p>Outside of working hours (9am-5pm), calls are diverted to GUH Birth Centre. You may be asked to call back at a different time.</p>	<p>Emergency Maternity Triage - 01633 493530 GUH Birth Centre - 01633 493613 Induction of Labour Ward - 01633 493981 Putting Things Right - ABB.PuttingThingsRight@wales.nhs.uk</p>
<p><b>Day Assessment Units</b></p> <p>YYF - 01443 802660 RGH - 01633 234730 NHH - 01873 732139 County - 01495 768766</p>	<p><b>Antenatal Clinics</b></p> <p>YYF - 01443 802434 RGH - 01633 234749 NHH - 01873 732126 County - 01495 768618 YAB - 01495 363309</p>



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## WHEN TO CALL EMERGENCY MATERNITY TRIAGE AFTER 20 WEEKS PREGNANT



Bleeding or Spotting



Change to your baby's movement pattern



Labour  
<37 weeks  
OLC



Abdominal pain that doesn't improve with pain relief



Persistent headache, Visual disturbances, Sudden swelling



If you think your waters go, or you have green discharge



Feeling generally unwell or high temperature

OR OTHER CONCERNS, including



Vomiting for more than 24 hours or not tolerating fluids



Swelling to 1 leg, any red / hot to touch / painful areas in your leg



Trauma to your bump e.g fall

IF YOU ARE SHORT OF BREATH / HAVE CHEST PAIN / NUMBNESS IN LIMBS, ATTEND A&E

UNDER 20 WEEKS PREGNANT - CALL GP / 111 / OR ATTEND A&E



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## WHEN TO CALL EMERGENCY MATERNITY TRIAGE UP TO 28 DAYS AFTER YOU'VE GIVEN BIRTH



Your bleeding becomes heavier than it has been / passing clots / has an offensive smell



Your stitches or c section wound appears infected AND you feel unwell - if you are feeling well you may be signposted to GP



Swelling to 1 leg, any red / hot to touch / painful areas in your leg



Persistent headache, Visual disturbances, Sudden swelling



You have a red / hot area in your breast



Feeling generally unwell or high temperature



Struggling to pass urine / passing minimal amounts and feeling like you have not completely emptied your bladder



You're staying with your baby (rooming in) on special care baby unit for regular postnatal checks\*

IF YOU ARE SHORT OF BREATH / HAVE CHEST PAIN / NUMBNESS IN LIMBS, ATTEND A&E

**ANY CONCERNS WITH YOUR BABY CALL GP, 111 OR ATTEND A&E**

\*when rooming in and attending triage for postnatal care, you do not need to call before attending, please attend between 7am and 9am.



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