

## Maternity Day Assessment Unit

<b>INITIATED BY:</b>	Cwm Taf University Health Board Obstetric and Gynaecology Directorate
<b>APPROVED BY:</b>	Integrated Business, Obstetrics, Gynaecology, Sexual Health & Quality And Safety Group
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<b>FREEDOM OF INFORMATION STATUS:</b>	Open

## **Guidelines Definition**

Clinical guidelines are systemically developed statements that assist clinicians and patients in making decisions about appropriate treatments for specific conditions.

They allow deviation from a prescribed pathway according to the individual circumstances and where reasons can be clearly demonstrated and documented.

## **Minor Amendments**

If a minor change is required to the document, which does not require a full review please identify the change below and update the version number.

Type of change	Why change made	Page number	Date of change	Version 1 to 1.1	Name of responsible person
Guideline review	In line with national guidance	Whole document	31/03/17		E Macgillivray

## **Equality Impact Assessment Statement**

This Procedure has been subject to a full equality assessment and no impact has been identified.

## **Related Guidelines**

- Obstetric Cholestasis
- Premature Prolonged Rupture of Membranes
- Diabetes in Pregnancy
- Hypertensive Disorders of Pregnancy

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## **Introduction**

The Day Assessment Unit (DAU) in Prince Charles hospital and Princess of Wales Hospital, along with the Antenatal Assessment Unit in Princess of Wales Hospital (AAU) will serve to provide a fast, safe and effective maternity care service to women. This will provide an alternative to in-patient hospital care, thus reducing the number of ante natal admissions. Should you need to contact any of these services, they can be contacted on the telephone numbers provided below:

### **Day Assessment Unit**

- Merthyr Tydfil: 01685 728892  
(Open Mon-Fri 7am-7pm, Sat-Sun 9am-3pm)
- Bridgend: 01656 752562  
(Open Mon-Fri 9am-5pm)

### **Antenatal Assessment Unit:**

- Bridgend: 01656 753652  
(Open 8am-8:30pm)

## **DAU Criteria for Prince Charles Hospital**

The following women may be assessed via the DAU service;

- ✓ Follow up care for pregnant women with confirmed spontaneous rupture of membranes (SROM) <37 completed weeks (please also refer to guideline).
- ✓ Investigation of itching and monitoring of women with confirmed Obstetric Cholestasis, as described in the relevant guideline.
- ✓ Surveillance and monitoring of pregnancy beyond Term +12 where induction of labour has been declined by the woman.
- ✓ Monitoring of women with previous intrauterine death or stillbirth who request a CTG for maternal reassurance.
- ✓ Home Telemetry Teaching (must be agreed with consultant).
- ✓ Ongoing cardiotocograph (CTG) monitoring of pregnant women where fetal growth restriction or reduced amniotic fluid volume (AFV) have been identified.
- ✓ Pregnant women with medical conditions such as Diabetes whom require additional monitoring.
- ✓ Administration of Iron therapy infusion.
- ✓ Assessment and monitoring of women with hypertensive disorders of pregnancy, as described in the relevant guideline.
- ✓ Any other condition of pregnancy which requires outpatient monitoring as described in the relevant guideline.
- ✓ Postnatal women where a wound infection is suspected.
- ✓ Pre admission assessment for women booked for elective caesarean section.
- ✓ Ultrasound Scans and reviews: Access should be arranged directly between the Day Assessment Midwife and the Radiology

Department. Only ultrasound scans requested by the MDAU should be reviewed there.

NB. This list is not exhaustive and it is for the Obstetrician/midwife to decide whether a referral is appropriate. Relevant guidelines should be accessed, and the reason for referral clearly documented in the notes.

Referrals will be accepted from;

- Consultants, obstetric registrars and Senior House Officers
- General Practitioners
- Midwives

The Midwife managing the Day Assessment unit will oversee the discharge arrangements and follow up appointments for women to see their individual consultants, as appropriate.

Staff within the Day Assessment must use current clinical and local guidelines which are available on the intranet site. Where there is a high risk pregnancy, the appropriate guideline must be printed and secured in the hand held notes as a matter of good practice.

## **Criteria for AAU and DAU in Princess of Wales Hospital**

If you advise someone to access either service please ensure that you let the midwife know they are coming

The following women may be assessed via the DAU service;

✓ Reduced fetal movements

If less than 26 weeks community to see and auscultate

If more than 26 weeks for CTG and -

- Ensure a sticker is put on front of notes
- Complete page 31 in notes
- Give RCOG leaflet
- If second or more episode and a scan has been performed within the last 2 weeks then no further action. If a scan hasn't been done then one needs to be arranged within 72 hours. Consultant appointment is not required.

✓ Obstetric Cholestasis

- No CTG required just auscultation and bloods

✓ PV loss less than 20 weeks With no pain

- Spotting or just on wiping
- If a heavy loss and abdominal pain advise to go to A&E  
If less than 20 weeks and in the absence of abdominal pain can attend ANC. If more than 20 weeks please advise to contact triage or Labour ward for admission and review.

✓ Abdominal pain in the absence of bleeding

- Will be triaged by Midwife and sent to AAU if necessary or the ward if preterm labour

✓ Postnatal women where a wound infection is suspected.

✓ Abnormal fetal heart

✓ SROM

## Criteria for AAU in Princess of Wales Hospital

- ✓ Hyperemesis
  - Returning hyperemesis must go through GP, A&E or SHO
  - Hyperemesis packs – GP letter to be sent rest of paperwork to go in an envelope addressed to Heidi in ANC
  
- ✓ All High risk women in early labour
  
- ✓ Postnatal women where a wound infection is suspected.
  
- ✓ Any blood pressure 140/90mmhg or above
  
- ✓ ? Sepsis
  
- ✓ Obtaining results in AAU
  - If a result requires action please ring the GP and inform them (they can access Indigo) we are NOT to fax or email
  - Phone the patient and let them know the result and that the GP will prescribe.
  - If GBS on swab complete the orange alert notification sheet and put in handheld notes and give the information sheet.
  - IT IS NOT THE RESPONSIBILITY OF THE COMMUNITY MIDWIFE OR ANC TO SORT PRESCRIPTIONS OR CHECK AAU RESULTS



**Record Keeping.**

All care provided must be recorded in the hand held maternity notes in line with Nursing and Midwifery council (NMC) 2015 record keeping: guidance for nurses and Midwives.

A record of all activity must be maintained to enable accurate assessment of the service.

The MDAU will provide daily unit activity list, which can be used for auditing purposes. The activity of the unit will be audited annually.

**References**

Nursing and Midwifery Council (2015). The Code: standards of conduct, performance and Ethics for Nurses and midwives.

## **Guideline Management and Communication**

As an integral part of the knowledge, skills framework, staff are appraised annually to ensure competency in computer skills and the ability to access the current approved guidelines via Cwm Taf University Health Board's intranet site.

Quarterly Audit and Guideline newsletters are sent to all clinical staff to highlight the most currently approved guidelines available via SharePoint and clinical guideline folders, located on the Maternity Drive.

A monthly risk newsletter is issued to all staff to highlight key changes in clinical practice to include a list of newly approved guidelines for staff to acknowledge and familiarise themselves with and practice accordingly.

Approved guidelines will be disseminated to appropriate staff via email.

Regular memos are posted on the guideline and audit notice boards in each clinical area to notify staff of the latest revised guidelines and how to access guidelines via the intranet or clinical guideline folders.