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Consultant Obstetrician Presence on labour ward Trigger list Guideline

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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
New to CTM					

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1. Introduction

The consultant's role starts with demonstrating leadership: teaching and supporting trainees, midwives and nurses at all times. It encompasses providing a service for those patients who require senior medical assistance while at the same time undertaking simpler procedures when there is a need to do so. The consultant should therefore be present on the labour ward or in the outpatient clinic or theatre when they have a fixed session there. (RCOG 2009)

Doctors at every level have a duty to call for help if they feel that a clinical situation outside the list requires the direct input of a consultant. A trainee's request for a consultant to attend should be stated in clear, precise terms, so that there can be no misinterpretation. The request should be documented in the notes. Senior midwifery, nursing staff or other medical staff should contact the consultant or senior trainee directly if it is considered that the clinical situation requires senior medical input using the Jump Call policy.

Consultants and senior trainees should respond positively to requests for assistance from staff covering the labour ward and gynaecological emergencies. Consultants should be aware that there are some situations where they must attend in person. Patient safety is the priority.

2. Attendance in Person

In the following situations the consultant should attend in person, regardless of the level of the trainee.

- Eclampsia
- Maternal collapse (massive abruption, septic shock)
- Caesarean section for major placenta praevia
- Postpartum haemorrhage (PPH) of more than 1.5 litres where the haemorrhage is ongoing and the Massive Obstetric Haemorrhage (MOH) is activated
- Return to theatre
- When requested to attend.

3. Attendance in Person or immediately after

The procedures listed below are where the consultant should attend in person or should be immediately available if the trainee on duty, has not been assessed and signed off by OSATS, as competent for the procedure.

- Vaginal breech delivery

- Trial of instrumental delivery in theatre.
- Twin delivery
- Caesarean section at full dilatation
- Caesarean section for a lady with BMI greater than 40
- Caesarean section for transverse lie
- Caesarean section for less than 32 weeks gestation

4. References

1. RCOG 'Setting standards to improve women's health' Good Practice No 8 March 2009