Maternity Escalation Policy

INITIATED BY: Cwm Taf Morgannwg University Health Board

APPROVED BY: Labour Ward Forum

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OPERATIONAL DATE: 30.09.2019

DATE FOR REVIEW: 3 years from date of approval or if any legislative or operational changes require

DISTRIBUTION: Midwifery, Medical and Neonatal staff at Cwm Morgannwg Taf University Health Board. Via SharePoint

FREEDOM OF INFORMATION STATUS: 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
Update change of gestation at RGH to 32/40	Change in service provision	12	19/01/19	1.1	Zoe Ashman
Change of HB name	Change of HB	1+4	7/8/19	1.2	Sharon L Davies
Change of contact details	Change of HB	11-12	7/8/19	1.2	Sharon L Davies

Equality Impact Assessment Statement

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

Related Guidelines

- **None**

Training Implications

All staff will receive training on this policy at induction into the unit and ongoing through the annual maternity training programme.

Contents

Purpose

The purpose of the maternity escalation and closure policy is to provide a clear set of guidelines for staff to follow during a situation that involves clinical risk.

- **A peak in clinical activity / acuity which increases risk beyond safe limits**
- **Staff shortage below recommended birth rate plus**
- **Capacity – Lack of beds in the unit**
- **A catastrophic event**
- **Failure of essential equipment**

All of the above may necessitate closure of the unit and transfer of women outside the Health Board.

The aim is to continue to provide safe care for mothers and babies in the CLU / MLU whilst being able to accommodate an emergency transfer from any area of the maternity department to the labour ward / CLU. The situation must be monitored closely on a case by case basis, to minimise the length of time of any unit closure.

Key Principles

The Escalation assessment tool should be used alongside the Escalation Policy on a shift basis by the Band 7 operational lead to assess the situation in the unit. If the current situation is triggered green then no further actions may be necessary at that time, however if any concern is highlighted the Escalation assessment tool should be revisited.

Women who have been booked to receive their care at CTMUHB must take priority and it is the booking unit responsibility to ensure they are assessed appropriately. It is the booking unit's responsibility to ensure that the woman is transferred safely.

TRIGGERS TO IMPLEMENT THE ESCALATION AND CLOSURE POLICY:

GREEN
The maternity unit is fully operational and able to accept Admissions to all areas.
Reassess on handover of shift unless issue highlighted sooner

AMBER ALERT if 1 of the below
Increased Activity Identified
Re-asses on a 4hourly basis unless required sooner
Labour Ward (CLU)
Only 1 delivery room available, all others occupied by high risk women
All high care beds occupied
Midwifery Led Unit (MLU)
All beds occupied by women in established labour
Nursing and Midwifery Staffing levels
Below the requirement to meet the needs of the service in any area
Medical Staff shortage
Dependent on level and experience of Doctor
Neonatal Unit (NNU)
Where NNU is on Red alert (NNU will follow their Escalation Policy)
Obstetric Anaesthetic cover
Operating Department Practitioner (ODP) shortages

RED ALERT
Little or no capacity for further activity, Diversion within unit required
Reassess on an hourly basis unless issue highlighted sooner
Labour Ward (CLU)
Unable to provide 1:1care to women in established labour
Maternity ward
Gridlock of all beds when all are full
Nursing & Midwifery staffing levels
Unable to meet the needs of the services in any clinical area
Medical staff shortage
Dependent on level and experience of Doctor
Obstetric Anaesthetic cover
Neonatal Unit (NNU)
Where NNU is closed

BLACK ALERT
No capacity within the unit – Unit closure
Decision to close is determined jointly by Consultant on-call, Sister in charge, MOC, Senior MW, HOM

Divert
The decision to divert either Maternity Unit, should be consensual and follow discussion with the Senior Midwife on duty or the on call Manager (out of hours), or Head of Midwifery. If assessment/assistance confirms that all contingency plans have been exhausted the Midwifery Manager/ Manager on call will make a decision to divert to the other acute site within the Health Board.

Closure
In the rare event that both of the Health Boards Consultant Led Maternity Units (which will include the midwifery led units) have to close a request to approve closure must be made to the Head of Midwifery (HOM), or Executive Manager on call if the HOM is not on call out of hours.

Before closing the maternity services the designated Manager, making the decision to close, must be assured that the service would be unsafe if it were to continue accepting women.

All contact numbers for Midwifery Managers are available on the on call Rota on labour wards

It is essential that women are not put at risk and that they are informed as to which the nearest Maternity Unit open to them for admission is.

IMPLEMENTATION OF THE CLOSURE OF THE MATERNITY UNIT

ASSESSING CLINICAL RISK WHEN NEONATAL UNIT IS CLOSED

There will be times when the Neonatal Unit is closed to admissions and the impact of tis on Maternity Services needs to be managed to reduce risk to mothers and babies. Communication between both services is essential to minimise risk and continue to improve a safe service and all interactions between the Maternity and Neonatal teams need to be infused with mutual respect and professionalism.

Category 1 caesarean section:
These are urgent cases where there is maternal / fetal compromise, and are considered to be life-threatening at the time the decision is made.

Regardless of NNU activity status all **Category1** Caesarean sections should be undertaken in <30 minutes from the decision. The level of grading is determined / agreed by the Senior Obstetrician. There must be clear communication between obstetric and neonatal consultant staff regarding the decision to undertake a **Category1** LSCS.

Category 2 caesarean section:
These are urgent cases where there is maternal / fetal compromise, but are not considered to be life-threatening at the time the decision is made

Category2 caesarean sections should be undertaken within 75minutes from the decision

Category 3 caesarean section:
In cases of Category3 indication for caesarean section with status red, the on-call consultant obstetrician will need to liaise closely with the NNU consultant to determine whether it is reasonable to await a cot locally, or to transfer the woman to a suitable location with Neonatal capacity. The condition of the mother and the baby must be continuously risk assessed to detect any clinical change, which may escalate the category of delivery

Category 4 caesarean section:
Category 4 In singleton pregnancies caesarean sections should be undertaken at >39 weeks' gestation if there is no NNU capacity.

In status red, any elective obstetric / fetal intervention that could precipitate a preterm labour should NOT be carried out. If there is an urgent indication then a discussion and agreement between both teams with escalation as indicated above. Please use Neonatal escalation policy.

In-Utero Transfer

The Senior Obstetrician on duty will inform the woman of the reasons and need for transfer. Wherever possible, this should be done together with the Senior Neonatologist.

The labour ward co-ordinator will communicate with neighbouring Health Boards to locate a maternity bed and neonatal cot. A daily summary of the cot status in Neonatal units in South Wales is available at http://nww.iuscdash.wales.nhs.uk/activity/home

Transfer forms should be completed to facilitate effective communication between UHB's, ensuring all clinical details in relation to mother and baby are included. Transfer database should also be completed.

The original copies of obstetric notes should be sent with the mother.

REPORTING OF CLOSURES

A Datix Incident form should be completed for all unit closures and for all woman transferred out of the health Board.

Audit/Maternity Dashboard

Closures will be reviewed on a monthly basis and will be reported on the maternity dashboard with the support of the escalation forms, transfer database and Datix Incident forms.

Reporting on the dashboard will include the number of times the units have been green, amber, red and black throughout the month on the dashboard and the number of maternal transfers between sister hospitals and out of the Health Board.

KEY STAFF NUMBERS FOR ESCALATION

During working Hours Monday to Friday 9am-5pm

KEY STAFF	POW	PCH	RGH
Consultant on Call	Bleep/Mobile	Bleep/Mobile	-------
Senior Midwife	52307 07766466928	28895 07845942483	76113 07917650341
Head of Midwifery	Via switch	via switch	Via switch
Clinical Director	Via switch	Via switch	Via switch
Neonatal Unit	52376 (01656 752376)	28860	----------

Out of Hours

Key STAFF	POW	PCH	RGH
Consultant on Call	Via Switch	Via Switch	--------
Neonatal Unit	73394	28860	--------
Senior Midwifeon Call	On call rota/Mobile number	On call rota/Mobile Number	On call rota/Mobile Number

HOSPITAL	GESTATION	MATERNITY STATUS		
		LABOUR WD	SCBU	Comments
PCH LW: 018547800 NNU: 016850728860	32 (34 twins)			
UHW LW: 018722686 NNU: 018722680	ALL			
POW LW: 018552383 NNU: 018552376	32(34 TWINS)			
ROYAL GWENT LW: 01633234234 NNU: 01633234599	ALL			
NEVILLE HALL LW: 01873 732732 NNU: 01873732362	32			
SINGLETON HOSPITAL LW: 0188030862 NNU :018835749	ALL			
GLANGWILI CARMATHEN LW: 01267 235151 NNU: 01267 227567	30			
BRONGAIS(ABERYSTWYTH) 01970623131				
HEREFORD GENERAL 01432 355444 LW: ext 4070 SCBU: ext 3116	32			
WORCESTER ROYAL 01905 763333	28			
BRISTOL UNI HOSPITAL LW: 01225 824433 NNU: 0122 5824438	ALL			
SOUTHMEAD BRISTOL LW: 0117 4146916 NNU: 01174146800	ALL			
ROYAL UNITED BATH 01225428331	ALL			
GREAT WESTERN SWINDON 0179360402	ALL			
JR OXFORD 01865741166	ALL			
BIRMINGHAM HARTLAND 01214242000	ALL			
ROYAL WOLVERHAMPTON 01902643115				
CHELTENHAM GENERAL 08454222222	34			
SALISBURY DISTRICT 01722336262	ALL			
TAUNTON & SOMERSET 01823 333444				
ROYAL DEVON & EXETER				

LW: 01392411611 NNU: 01392406625				
GLOUCSTER ROYAL 085454225570	**ALL**			
BIRMINGHAM WOMENS 01214721377 01216272686	**ALL**			
CITY HOSPITAL BIRMINGHAM 01215543801	**ALL**			
TORBAY HOSPITAL 01803614567	**30/40**			
DERRIFORD PLYMOUTH 08451558155 01758793600	**ALL**			
SOUTHAMPTON 02380777222				

AMBER ALERT – ACTION CARD
IN AND OUT OF HOURS

ACTION CARD
LABOUR WARD CO-ORDINATOR

1. Update acuity tool
2. Review all cases and their clinical complexity on the labour ward ensuring 1:1 care can be achieved
3. Liaise with the midwives in charge of all other maternity areas to review workload, acuity and staffing, re-deploy staff as required
4. Consider extra staffing
5. Contact sister unit for help and consider diverting/transferring women to sister hospital
6. Consider asking main theatre, NNU for support
7. Include Obstetric Registrar and Neonatologist in the decision making
8. Liaise with NNU to advise of increased activity and potential of not accepting outside transfers into the labour ward or maternity ward.
9. Inform the Senior Midwife/Midwifery Matron (in hours) or Senior Midwife on call (out of hours)
10. Complete Datix Incident form

ACTION CARD:
SENIOR OBSTETRICIAN

1. Review all inpatients with a view to discharging women home to free beds. Immediate ward round is required
2. Liaise with Labour ward Co-Ordinator and NNU Nursing and Medical teams
3. Review Medical staffing
4. Inform Consultant Obstetrician

RED ALERT – ACTION CARD

During Working hours Monday – Friday 08:30-17:00hrs

1. **Using the Acuity Tool, an assessment of the unit is made by the labour ward co-ordinator alongside the Consultant Obstetrician**
2. Utilise all available staff within the maternity service
3. Delay Elective Caesarean Sections and any NEW Inductions of Labour
4. Inform Senior Midwife/ Midwifery Matron
5. Senior Midwife/Midwifery Matron to Inform Head of Midwifery
6. Labour Ward co-ordinator to complete Datix Incident form
7. Labour Ward co-ordinator to complete transfer database??
8. Labour Ward co-ordinator to ensure that all areas within maternity have been informed of closure
9. Inform NNU of current position
10. Inform sister unit assessing if women can be diverted to them
11. Co-ordinate staffing levels between sister hospitals
12. Confirm if any local Health Boards are able to accept transferring patients

Out of hours, inclusive of weekends and Bank Holidays

1. Using the Acuity Tool, an assessment of the unit is made by the labour ward co-ordinator alongside the Consultant Obstetrician
2. Utilise all available staff within the maternity service
3. Delay NEW Inductions of Labour
4. Labour Ward Co-ordinator to inform Senior Midwife on Call
5. Obstetrician to inform Consultant on call
6. Labour Ward co-ordinator to complete Datix Incident form
7. Labour Ward co-ordinator to complete transfer database??
8. Labour Ward co-ordinator to ensure that all areas within maternity have been informed of closure
9. Inform NNU of current position
10. Inform sister unit assessing if women can be diverted to them
11. Co-ordinate staffing levels between sister hospitals
12. Confirm if any local Health Boards are able to accept transferring patients

Action Card
HoM / Senior Midwife on Call

1. Acuity tool to be used to record actions taken
2. Inform Exec on call
3. Inform Site manager

BLACK ALERT – ACTION CARD

UNIT CLOSED

Escalation assessment tool to be used to record any actions taken

CONTINUOUS ASSESSMENT AND COMMUNICATION WITH MATERNITY UNIT, SENIOR MANAGEMENT TEAM AND NEONATAL UNIT.

Duties of key individuals

Midwives
It is the Midwives' responsibility to ensure women are cared for in a safe environment thus ensuring safe practice. It is their responsibility to alert Senior Midwives/Midwifery Matron or Head of Midwifery if they feel that a situation in the unit becomes unsafe; be that staffing, bed capacity or any other incident which may require the unit to divert or close.

Midwives must keep a log of any women who were asked to attend other units as a result of the closure, using appendix 1. This information should be emailed to the Senior Midwife/Midwifery Matron.

Labour Ward Coordinator
To update the Senior Midwife/Midwifery Matron/HOM as required
To manage and reallocate as required the workload with the Consultant on-call

Senior Midwife/Midwifery Matron /On call Midwifery Manager
It is the responsibility of the Senior Midwife/Midwifery Matron / Midwifery Manager on call to ensure the decision to close a unit is communicated to all relevant parties.

Form 1 'Proforma for divert/closure of a maternity' should be completed.
The Midwifery Matron/Senior Midwife / Midwifery Manager on call is responsible for ensuring form 2 is emailed to DHOM/HOM as soon as the unit reopens.

On Call Obstetric Consultant
To manage and reallocate as required the workload with the labour ward coordinator.
To undertake emergency rounds of the wards to ensure all women reviewed and appropriate action occurs.
Escalate status to appropriate senior staff. (see escalation levels)

Removing the divert/closure
When divert/closure status is removed it is imperative that those individuals who have been notified are informed of the change in situation.

Monitoring Compliance
This will be monitored by the midwifery management team 6monthly and reported to the Governance meeting.

Appendix 1

PROFORMA FOR CLOSURE OF A MATERNITY UNIT

Name of Unit					
Date of Closure		**From**		**To**	
Time of Closure		**From**		**To**	
Reason for Closure					
Decision Sanctioned by					

(Should be Head/Deputy Head of Midwifery/MOC

THE FOLLOWING PEOPLE NEED TO BE CONTACTED:

Person / Area	Contact Details	Contacted Yes / No (name if appropriate)	Date & Time
Head/Deputy Head of Midwifery & Gynae Nursing –or out of hours manager on call rota	Via switchboard or see management on call rota		
Labour Ward POW	01656 752383/87		
Labour Ward PCH	01685 728870/71		
NNU POW	01656 752376		
NNU PCH	01685 728860		
Tirion Birth Centre	01443 443524		

Please return completed form to: Zoe Ashman Zoe.k.ashman@wales.nhs.uk	**FORM COMPLETED BY**	
	Name	
	Date	
	Signature	

Appendix 2

Record of Women transferred/diverted to sister hosapital or alternative Health Board

Date unit closed:	Date unit re-openned:
Time unit closed	Time unit re-openned:

Addressograph	Reason for transfer	Transferred to:

Appendix 3

GIG CYMRU NHS WALES

ALL WALES IN-UTERO TRANSFER COMMUNICATION FORM	ADDRESSOGRAPH

	MATERNAL DETAILS	**FETAL DETAILS**
S I T U A T I O N	Gravida .... Para .... SROM Y/N Date.......... Time.............................. Blood Group....................... Rh .... Antibodies .... Medication.. Comments	EDD...................... Gestation............. Multiple Pregnancy Y/N No. of fetuses.........
B A C K G R O U N D	Previous pre-term birth: Y/N Details.. Obstetric history.. .... Medical history... .... **Has Mother?** • Received health care treatments (inc IVF), in other countries outside Wales during last year? Y/N • If yes, details of treatment........................Country..................... • Had any infections/positive screening results during pregnancy? Y/N • If yes, please specify..	Anomalies Y/N Details................. .... Safeguarding issues Y/N Details................... ....
A S S E S S M E N T	Pre-Term Labour Test: Pos/ Neg fetal fibronectin/Actim partus Vaginal Examination: Date.........Time........Findings............................ .... **Is Mother?** • Currently infected or colonised with organism/virus that is multi-resistant or could cause harm to baby? Y/N/Unknown • If yes: Sensitivities of organism.. • Currently on any antimicrobial treatment? Y/N • If yes, please specify... HVS: Y/N Date/s.............................. Sensitivities of isolates........................ Outstanding Microbiology results? Y/N Please specify.............................	Fetal Compromise? Y/N Comments.............. .... Maternal Steroids? Y/N Date...................... Gest...................... USS Date...................... AC........ HC............ FL........ AFI............ Dopplar.................. EFW....................... Comments.............. ....
R E C O M E N D A T I O N	**TRANSFER FROM:** Consultant Obstetrician SPR: Named midwife for transfer:	**TRANSFER TO:** Consultant Obstetrician DUTY SPR informed ☐ LW Coordinator informed ☐ Neonatal Unit informed ☐ **NB: All must be informed prior to transfer**
	Person completing form: **NAME:** **DESIGNATION:** **SIGNATURE:** **DATE:**	