Maternity Triage Guideline (Acute and Community)

INITIATED BY:	Cwm Taf Morgannwg University Health Board Obstetric and Gynaecology Directorate
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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
New CTM Guideline	Change in Health Board				Antenatal Forum

Equality Impact Assessment Statement

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

Related Guidelines

- Spontaneous Rupture of Membranes
- Antepartum Haemorrhage
- Maternity Day Assessment Unit
- Altered Fetal Movements
- Fetal Heart Monitoring and Interpretation
- Obstetric Cholestasis

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N.B. The form is stored in fileshare-pch, Maternity, Triage 12

Background

When women first contact a service for advice, it is vital they are directed to the most appropriate area and health professional for advice and/or care to ensure effective and efficient maternity care. This can be achieved through triage.

The term triage means prioritisation of patients. Telephone triage has been utilised across many health care settings. There is some evidence that the health professional a woman chooses as a first point of contact may change depending on the stage of the pregnancy.

Women in their 1st or 2nd trimester are more likely to contact their Community Midwife or ambulance control for advice prior to contacting a secondary care setting. In the 3rd trimester they are more likely to contact a community midwife or antenatal clinic or self-refer to the maternity unit.

This guideline may be used in conjunction with CTMUHB Maternity Day Assessment Unit Guideline in order to support the appropriate referral mechanism based on reporting concern.

Aim

This guideline aims to ensure women are treated in the right place at the right time by the right people resulting in a sustainable maternity service. Effective referrals to both community and acute settings are vital to manage activity and to ensure a safe, efficient service for women who are pregnant or postpartum.

Acute Triage or Antenatal Assessment Unit Service

Triage/AAU is a 24 hour service.

All women should be given a contact number for her named midwife and team in early pregnancy during the booking appointment, along with the hospital telephone numbers for all maternity units within Cwm Taf Morgannwg University Health Board should she need to seek advice at any time.

PCH site - The midwife responsible for MDAU will manage the calls for MDAU. During the hours of 08.00-19.00 Monday - Friday, 09.00-15.00 Saturday and Sunday on the PCH site. Outside these hours, the Band 7 in charge will assign an appropriately skilled midwife to manage the triage service and to man the dedicated Triage telephone on the PCH site. This will take place at the safety briefing and may be reviewed throughout the day, depending on unit acuity.

POW site - all calls are received via the AAU on ward 12 for triage. Dedicated staff are rostered for this service Monday to Sunday 08:00 – 20:30. Outside of these hours the service will be allocated staff by the band 7 outside of normal working hours.

The triage/AAU midwife will have a dedicated telephone number to which all calls regarding potential admissions to the acute maternity service will be directed. They will ensure women are cared for in an appropriate clinical setting. They will communicate with the Band 7 Labour Ward Co-ordinator and the multi-disciplinary team regarding expected admissions requiring an immediate response.

Women who self-refer will undergo a telephone assessment. Based on this assessment the most appropriate area to receive care will be

identified. The triage/AAU midwife may directly refer to Obstetricians, Community Midwives, Maternity Day Assessment Unit, Antenatal Clinic, Labour Ward, Midwifery Led Unit, Triage/AAU or Primary Care.

Community midwives can refer appropriately to the Antenatal Clinic, Early Pregnancy Assessment Unit, Primary Care and the Maternity Day Assessment unit or the Labour Ward based on principle referral concern. These calls need not be directed through triage/AAU.

Telephone Triage forms should be fully completed in all cases.

Any woman identified as being suitable for the All Wales Pathway for Normal Labour should be directed to the Alongside Midwifery Unit and triaged using a Part One of the All Wales Pathway for Normal Labour.

Telephone Triage

An SBAR assessment should be carried out to include:

- ✓ Asking the caller to identify themselves and their reason for calling
- ✓ Whether it is their first call or subsequent call in the preceding 24 hours
- ✓ Previous obstetric/medical history
- ✓ Current obstetric history and/or medical concerns

All information taken and advice given should be fully documented on the telephone triage pro forma (Appendix One). The midwife taking the call will decide the priority for admission, book an appointment to attend or if it is appropriate to refer the woman to an alternative service.

N.B. All women who self-refer to triage should be invited to attend on their 2nd call if this relates to or connected to their principle concern. This is to ensure that underlying or undisclosed concerns are explored, for example domestic abuse or low mood. A timeframe for arrival of an emergency should be recorded to support anticipation of arrival, understand mode of transfer i.e. own transport.

Inclusion Criteria for Admission to Triage

Women 16 *weeks pregnant and above* with:

- Those women Identified as high risk with obstetric or medical concerns booked under Consultant Led Care(or low risk where assessment by community midwife/ MDAU is not possible)
- Twin pregnancy - requires immediate escalation to the Obstetric Registrar and admission to the labour ward for assessment
- Suspected pre-term rupture of membranes
- Term rupture of membranes
- Antepartum haemorrhage. (Women with significant antepartum haemorrhage should be admitted directly and urgently to labour ward and the MDT safety huddle should be conveyed to inform of their imminent arrival).
- Women reporting altered fetal movements where MDAU appointment cannot be offered or is outside of the working hours.
- Abdominal Pain
- Women requiring routine review outside MDAU operating hours

N.B. This list is not exhaustive, and clinical judgement must be used when assessing women via triage.

Exclusions

The following women should **not** be assessed in triage;

- Women in obvious labour (direct admission to the labour ward or AMU should be advised)
- Any obstetric emergency
- Women < 16 weeks gestation (may require discussion with obstetrician depending on the concern being reported)
- Women with any non-pregnancy related complaints, e.g. fractures, burns etc. (these should be referred to the emergency department)
- Women meeting criteria for admission to the Maternity Day Assessment Unit during normal working hours as stipulated above (Acute Triage/Antenatal Assessment Unit)

Assessment in Triage/Antenatal Assessment Unit

On arrival in triage/AAU, women will be prioritised for review in accordance with the midwife's clinical judgment taking into account the initial assessment during the telephone call. All women should receive assessment within 15-30 min of arrival and seen according to the prioritisation criteria. If breached a Datix should be filed to understand why there was a delay.

An admission assessment form should be fully completed for all women assessed via maternity triage/AAU. It should show evidence the midwife has carried out the following:

- ✓ Review of the antenatal notes, confirming gestational age/dates by ultrasound scan dating scan
- ✓ Accurate history of pregnancy and presenting complaint
- ✓ Previous obstetric history plus relevant medical, personal and social history

- ✓ Baseline observations – temperature, pulse, blood pressure and urinalysis (also document on MEOWS).
- ✓ Abdominal palpation – perform a Fundal Height Measurement when undertaking the abdominal palpation, if appropriate(>14 days since last Fundal Height Measurement).
- ✓ Auscultation of fetal heart (including Cardiotocogram if indicated). For criteria for women requiring CTG, please refer to CTMUHB Antenatal Care Guidelines and the Intrapartum Guideline.

All women with identified risk factors should be reviewed by an obstetrician. Following review, a full plan of management must be documented in the woman's records.

NB. Not all women attending triage/AAU will require review by an obstetrician. Admitting midwife should use clinical judgement based on risk status and principle concern being reported.

Community Triage/AAU Service

At booking, all women will be given both verbal and written information regarding how to contact their community midwife team with any concerns. Out of hours, women will be advised to contact their local maternity unit, on the given number. This number should also be used if there is any difficulty in contacting the community midwife.

During the Day

The first point of contact is the community midwife. The community midwife will undertake a telephone assessment which will ensure women are cared for in the appropriate clinical setting.

The community midwife in addition to routine antenatal and postnatal care may provide the following:

- Assessment of low risk women with suspected spontaneous rupture of membranes at ≥37/40 unless there are other risk factors identified (Please also refer to SROM at Term Guideline).
- Assessment of low risk women in suspected labour
- Assessment of diminished fetal movements <24 completed weeks gestation, unless other risk factors are identified.

If the community midwife feels there is a need for the woman to access the acute service they must discuss her assessment with the acute triage/AAU midwife. The acute triage/AAU midwife and referring community midwife will jointly decide the most appropriate plan of care and clinical setting including:

- The level of care and urgency needed
- Community midwifery workload (e.g. Midwife attending homebirth and unable to review those case which would be suitable for community midwife assessment)

There must be team working between both community and acute based midwives to ensure seamless maternity care.

Out of Hours

All women will be informed to contact their midwives in office hours for general enquiries. Outside of these hours, all calls will be diverted to the to the named acute triage midwife.

Calls from women booked for a home birth will be redirected to the on-call community midwife for assessment.

Primary Care

General Practitioner (GP)

≤15+6 weeks gestation: the Gynae on-call team should be contacted directly for advice.
≥16 week's gestation: The GP should contact the dedicated triage midwife for advice.

Health Visiting Service

Following discharge by the midwife, care is handed over to the health visitor who will be the first point of contact. In the case of the baby being ill or in an emergency, the GP or the Accident & Emergency Department should be contacted. Unwell babies should **not** be managed via triage.

Documentation

All high risk admissions should be documented on the Admission Assessment Sheet and filed in the maternal notes.

All low risk labouring women should be seen on the Alongside Midwifery Unit (AMU) wherever possible. A Part One telephone form should be fully completed. Assessment should be documented on a Part Two as per the All Wales Pathway for Normal Labour.

Telephone Triage forms should be completed in all cases and filed in the maternal notes once the woman has attended for assessment. If the woman does not attend, the form should be filed in the designated folder, a follow up call should be made to ensure safety of the woman. The community midwife should be contacted in the event of no response for follow up.

Review and Audit Arrangements

The ongoing management of referrals in to the acute service will be considered at the labour ward forum.

References

All Wales Midwifery Led Care Guidelines, 2015

Appendix One - Telephone Triage Assessment (Please use in conjunction with Maternity Triage Guideline)N.B. The form is stored in fileshare-pch, Maternity, Triage

First Call		
Type of care (please Circle one)	**Consultant led care**	**Midwifery Led care**

Date:________ Time: ________________

MOTHERS DETAILS

Name: _________________________________ D.O.B: ___________________________

Address: ____

____

Contact number: ______________________ Unit No.________________________________

Referred by *(please circle)*: Self GP Community Midwife Other

SITUATION *(reason for call)*:

____

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____

____

BACKGROUND:

____

____

____

____

ASSESSMENT: Normal fetal movement pattern Y / N

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Covid-19 Symptom Checker	
Altered taste?	
Cough?	
Temperature?	
Self-isolating or known contact?	
Have you been Abroad? Where…………….	

Smoker Yes/No **Refer to Smoking Cessation** Yes/No/already referred

RECOMMENDATION (Please Circle)

Triage	**Labour Ward**	**MDAU**
Antenatal Clinic	**Refer to community midwife**	**GP**
A&E	**Advice Only**	**Other**

Date and Time of appointment (if given)……./……../…….. @…….:……..

Advice Given

____

Is women happy with Advice? YES or NO (If **NO**, a plan should be agreed)

Call Taken By: ___________________________ Designation: ________________________

Signature: _____________________________ Print: _____________________________

MATERNITY ADMISSION ASSESSMENT

ADMISSION EPISODE NUMBER ____________

ARRIVAL AT UNIT

Date:_________ Time of arrival : _________________ Time seen by midwife: _______________

MOTHERS DETAILS

Name: ____ D.O.B: ____________________________

Address: ____

____

Contact number: ______________________ Unit No.________________________________

Referred by *(please circle):* Self GP Community Midwife Other

Type of Care *(please circle)*: Consultant Led Care Midwifery Led Care

Routine enquiries? ✓ ☐ ✗ ☐

SITUATION *(reason for call):*

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BACKGROUND:

Smoker Yes/No **Refer/Rerefer to MAMSS** Yes/No

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____

ASSESSMENT: Normal fetal movement pattern Y / N MEOWS score -

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____

____

____

RECOMMENDATION / PLAN OF CARE:

____

____

____

____

Name of clinician: _____________________________ Designation: __________________________

Signature: _________________________________ Print: ____________________________________

Continue documentation on a continuation sheet if required

MATERNITY ADMISSION ASSESSMENT	**SURNAME Mr/Mrs/Miss**
	FIRST NAMES
	CASE No.

DATE	**CLINICAL NOTES (Each entry must be signed)**

GIG
CYMRU
NHS
WALES
Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board