

Trigger list for Consultant presence on the labour ward (taken from responsibilities of the on call Consultant guideline)

In the following situations, the consultant should attend in person, whatever the level of the middle grade doctor:

- Eclampsia
- Maternal collapse (such as massive abruption, septic shock)
- Caesarean section for major placenta praevia
- Postpartum haemorrhage of more than 1.5 litres where the haemorrhage is continuing and a massive obstetric haemorrhage protocol has been instigated.
- Return to theatre – obstetrics or gynaecology
- Critically unwell patient – obstetrics or gynaecology
- Laparotomy for ruptured ectopic pregnancy
- Whenever appropriately requested
- Repair of fourth degree or buttonhole tear

Attendance in person while resident

In the following situations, the consultant should attend in person, when a trainee at ST5 or below is involved, in order to provide training and direct supervision. For specialty doctors and more senior trainees, the level of supervision can be determined by their known competencies:

- Vaginal breech birth
- Trial of assisted birth in theatre
- Repair of third-degree tear
- PPH > 1000mls with ongoing bleeding and/ or clinical concern
- Shoulder Dystocia
- Twin birth
- Caesarean birth at full dilatation
- Caesarean birth in women with body mass index greater than 40
- Caesarean birth for transverse lie
- Caesarean birth at less than 32 weeks gestation
- Any deviation from the usual clinical pathway, with unexpected or unexplained symptoms.

Attendance in person or immediately available when non-resident

The consultant should attend in person or should be immediately available if the middle grade doctor on duty has not been assessed and signed-off, by OSATS where these are available, as competent for the procedure in question:

- Vaginal breech birth
- Trial of assisted birth in theatre
- Repair of a third or fourth degree tear if doctor in attendance not signed off to undertake repair
- multiple pregnancy birth
- Caesarean birth at full dilatation
- Caesarean birth in women with body mass index greater than 40
- Caesarean birth for transverse lie
- Caesarean birth at less than 32 weeks gestation
- Any deviation from the usual clinical pathway, with unexpected or unexplained

Symptoms

Consultant's decision to attend

When a senior trainee (ST6/7) is on call with a more junior doctor or when the labour ward and emergency gynaecology are being covered directly by a senior trainee, it is the consultant's decision whether to attend.

- Doctors in non-training grades and Locums
- Doctors in the non-training grades should have their capabilities and experience assessed by their individual units and a clear decision should be made as to the level at which they should be working. The doctor should then be provided the same level of supervision as a trainee with the same competencies.