Maternity Triage Admission Guideline

Guideline Number:	991	Supersedes:		Classification	Clinical
LOCSSIP Reference:		NATSSIP Standard:	List standard (NATSSIPS Standards)		

Version No:	Date of EqIA:	Approved by:	Date Approved:	Date made active:	Review Date:
1	05/2021	Obstetric and Audit Guideline Group	12/02/2021	27/04/2021	12/02/2024

Brief Summary of Document:	To promote consistency in delivery of care and to provide evidence-based guidance for all clinical staff working within the Maternity Triage Unit caring for women who are referred to the service.
Scope	This guideline applies to all clinicians working within the Maternity Triage Unit in Glangwili General Hospital Maternity Unit and Bronglais General Hospital Maternity Unit.
To be read in conjunction with:	• All approved Health Board Obstetric Guidelines • NICE CG110: Pregnancy and complex social factors: a model for service provision for pregnant women with complex social factors https://www.nice.org.uk/guidance/cg110/chapter/1-guidance • NICE CG190: Intrapartum care for healthy women and babies https://www.nice.org.uk/guidance/cg190 • NICE CG37: Postnatal Care Up to 8 Weeks After Birth https://pathways.nice.org.uk/pathways/postnatal-care

	• 008 - Consent to Examination or Treatment Policy • 312 – Chaperone Procedure
Patient Information:	Patient Information Library

Owning group	Obstetric Guideline, Research and Audit Group

Reviews and updates		
Version no:	Summary of Amendments:	Date Approved:
1	New guideline	12/02/2021

Glossary of Terms

Term	Definition
CTG	Cardiotocograph
SBAR	Situation, Background, Assessment, Recommendation

Keywords	Maternity, triage, antenatal, postnatal, emergency, urgent

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1. Introduction

Triage is the process of prioritising the order in which patients receive medical attention when workload exceeds capacity and is used for emergency attendances and guide treatment according to clinical urgency and the resources available.

Maternity Triage is designed to meet the needs of maternity patients and families to ensure safe, accessible and responsive care.

2. Aims and Objectives

The aim and objectives are

- To provide a safe and effective assessment service
- To reduce inappropriate antenatal ward admissions
- To reduce inappropriate postnatal readmissions
- To reduce waiting times for women who require an obstetric review
- To ensure prompt assessment of women who require an urgent obstetric opinion
- To ensure that there is an appropriate priority system in place in order to provide timely assessment for women

3. Responsibilities

MIDWIFERY RESPONSIBILTIES	OBSTETRIC RESPONSIBILITIES
Ensure thorough midwifery SBAR assessment is undertaken	Work as part of a multi-disciplinary team, in partnership with the midwife, woman and her family
Provide leadership and direction	The on-call Doctor for Labour Ward will be responsible for reviewing women who require an obstetric opinion and will seek advice from the on call registrar
Be visible to women and staff	Following review, a plan of care must be clearly documented in the woman's notes
Be responsible for the day to day running of Maternity Triage	
Act in accordance with NMC Standards within his / her sphere of practice	
Being accountable and autonomous for his / her practice	
Ensuring women are treated with courtesy, dignity and respect at all times	

4. Referrals

Referrals to the Triage Unit will be accepted from:

- Obstetric Consultants, Obstetric trainees, General Practitioners
- Midwives, Health Visitors, A&E staff or other members of the multi professional team where appropriate
- Women – (self-referral or via 999 ambulance)
- Police

5. Telephone Referrals (Appendix 1)

Telephone triage is an integral part of effective Triage management. This will ensure that women are referred according to:

- The urgency of their clinical presentation
- To the appropriate area
- For review by the most appropriate professional
- Timeliness of review

Women should be advised to bring their hand held records with them.

6. Criteria for Selecting Women Suitable for Maternity Triage

- Maternity Triage is suitable for women who require an obstetric opinion that cannot be planned for in an Antenatal clinic or Day Assessment Unit.
- **This list is by no means exhaustive and it is the responsibility of the midwife designated to Maternity Triage to decide the appropriateness of the referral**.

MATERNITY TRIAGE ADMISSION CRITERIA
Women who are greater than 20 weeks gestation requiring unplanned obstetric or midwifery care Women who are less than 20 weeks gestation may be seen in Maternity Triage depending upon clinical history or presentation
Altered / diminished fetal movements outside DAU hours
Absent fetal movements >24hours / suspected IUD
Women who are symptomatic of moderate/ severe Pre-Eclampsia
Women with vaginal bleeding – (APH or PPH)
History of fall or trauma to abdominal wall
Suspected preterm pre-labour rupture of membranes (22+0-36+6/40)
Possible labour (Consultant Led Care)
Obvious SROM with Meconium stained liquor not post dates
Postnatal readmission
EXCLUSION CRITERIA ***(to be admitted directly to Labour Ward)***
Active antepartum haemorrhage
Obvious clinical history of established labour
Fulminating pre-eclampsia
Women requiring urgent medical treatment *(to be admitted to A&E)*

7. Assessment

7.1 Telephone Triage (Appendix 1)

- Initial assessment will be undertaken by telephone using the Telephone Triage SBAR proforma.

7.2 Admission to Maternity Triage (Appendix 2)

- Depending on the urgency of the clinical presentation women should be encouraged to contact their community midwife for advice in the first instance during daytime hours

7.2.1 Initial Triage Assessment (Appendix 3)

- The Maternity Triage approach follows the RAG (Red, Amber, and Green) classification.
- All women should have their All Wales Maternity Handheld Record reviewed and a full history of the presenting complaint
- All previous results should be cross-referenced with WPAS
- The initial Maternity Triage Assessment SBAR must be completed in full to include thorough history taking and assessment of the mother's reason for admission

7.2.2 Discharge from the Maternity Triage Unit

- The Midwife in Maternity Triage Unit must return the Handheld Maternity Record the woman as they leave
- The Maternity Triage Assessment SBAR is to be filed in the Maternity Record
- The Midwife should ensure that the mother is informed of any contact numbers and when to contact again
- The Maternity Triage Discharge Book is to be completed
- 'Antenatal Notes' on WPAS must be completed recording a summary of admission
- The discharge is to be telephoned to the Community Midwife by 09.00hrs the day after admission
- All blood and microbiology investigations must have the results followed up before discharging the woman home **OR** referred to the community Midwife for follow up
- Where this is not possible, it is the responsibility of the Maternity Triage Midwife to contact appropriate staff and arrange any necessary follow up e.g. Antenatal Clinic, Community Midwife, Day Assessment Unit, Scan appointment

8. Record Keeping

- All advice and assessments must be documented in full in the Telephone SBAR and Maternity Triage Assessment SBAR
- The Antenatal Admission Diary and Discharge Diaries are to be completed in conjunction with admission/ discharge links on WPAS.
- Each admission with a summary of any assessment/ management should be added to 'Antenatal Notes' on WPAS

9. Communication

Maternal wishes and concerns should be discussed and documented.

Documentation should reflect that assessment at management should be conducted in conjunction with women

10. Auditable Standards

- Completion of the Telephone SBAR
- Time of arrival to initial assessment
- Completion of the Maternity Triage Assessment SBAR
- Recording of observations on the MEOWs chart
- Reason for admission
- Timeliness of follow up of results

11. References

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12. APPENDIX 1 TRIAGE TELEPHONE SBAR

ANTENATAL TELEPHONE ADVICE/ TRIAGE

<table>
<tr><td colspan="3">DATE:

TIME:

MIDWIFE TAKING CALL:

CONSULTANT/ MLC:

UNIT BOOKED FOR DELIVERY:

PHONECALL NO:</td><td colspan="3">NAME:

ADDRESS:

HOSPITAL NO/ DOB:

TEL:</td></tr>
<tr><td>S
Reason for Call</td><td colspan="5"></td></tr>
<tr><td rowspan="3">B</td><td>G:</td><td>P:</td><td>Gest:</td><td>BMI:
Smoking:</td><td>COVID SCREEN:
GREEN
RED</td></tr>
<tr><td colspan="5">OBSTETRIC HISTORY:</td></tr>
<tr><td colspan="5">ANTENATAL CONCERNS:

MEDICAL HISTORY:</td></tr>
<tr><td>A</td><td colspan="2">FMs</td><td colspan="2">PAIN</td><td>PV BLOOD LOSS</td></tr>
<tr><td rowspan="2">R</td><td colspan="5">ADVICE</td></tr>
<tr><td colspan="2">ATTEND TRIAGE</td><td colspan="2">ATTEND OTHER WARD (name)</td><td>FOLLOW UP CALL REQUIRED</td></tr>
<tr><td>2nd CALL Date/ Time</td><td colspan="5">ADVICE (assess as above)</td></tr>
</table>

13. Appendix 2 - Maternity triage Unit Admission SBAR

MATERNITY TRIAGE UNIT ADMISSION SBAR

NAME:
/ HEALTH BOARD
ADDRESS:

DOB:

TEL:

DATE: TIME:

CONSULTANT/ MLC:

EDD: / / GEST: GRAVIDA: PARA:

S - SITUATION

B - BACKGROUND

A – ASSESSMENT

PALPATION:

Fundus: cm

Lie:

Presentation:

Engagement:

FH:

Abdomen: SOFT / TENSE

FMs:

MATERNAL OBSERVATION:

Blood Pressure:

Pulse:

Temperature:

SpO2:

RR:

CO:

Urinalysis:

MSU sent Y/N:

Blood group:

Placental site:

Allergies:

Pain Score:

0 - 10

VTE Score:

INVESTIGATIONS		
BLOODS	**TICK**	**RESULTS**
FBC		
U & E's		
LFT		
AST		
URATE		
BILE ACID		
COAGULATION		
OTHER		

Speculum/Vaginal Examination: YES/NO

Findings:

HVS/LVS: YES/NO

Ultrasound Scan:

YES/NO

Findings:

COVID SWAB:

MIDWIFE SIGNATURE:

OBSTETRIC TIME OF REVIEW:

CTG: YES/NO *(attach sticker)*

R – RECOMMENDATION

14. APPENDIX 3 TRIAGE ADMISSION SBAR

TRIAGE ASSESSMENT TRAFFIC LIGHT SYSTEM			
URGENCY	**RED**	**AMBER**	**GREEN**
TIMESCALE	**ADMIT**	**SEE WITHIN 30 MINUTES**	**SEE AS SOON AS REASONABLY POSSIBLE (<60mins)**
URGENCY	**IMMEDIATE**	**INTERMEDIATE**	**REGULAR**

	Admission to Labour Ward Admission Escalated immediately to Co-ordinator, Obstetric Middle Grade /Consultant on call	**Admission immediately to Triage, assessed and treatment initiated**	**Assessment history taken on arrival. If no urgent problem identified, advise on current waiting time**
	Consultant-led care: Advanced labour/ second stage of labour Severe PET/ eclampsia Cord Prolapse In utero transfer from another maternity hospital in active labour AN/ PN heavy vaginal blood loss and/or signs of maternal collapse/shock	No fetal movements for >24 hours >24 weeks gestation SROM with meconium stained liquor who are not post term Any vaginal bleeding, particularly if known placenta praevia Women who have abdominal pain Women presenting with pyrexia >37.5c, tach apnoea or tachycardia	Fall (sustained a fall in the absence of any pain/obvious trauma) Postnatal women requiring obstetric review e.g. haematoma, minor secondary postpartum haemorrhage Women presenting outside of Day Assessment Unit hours