

Powys Maternity Day Assessment Service Guideline

Document Reference No:	PTHB MAT 063	
Version No:	2	
Issue Date:	27 Aug 2024	
Review Date:	27 Aug 2027	
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Document Owner:	Head of Midwifery and Sexual Health	
Accountable Executive:	Executive Director of Nursing, Quality, Women and Family Health	
Approved By:	Women & Children's Policies and Guideline group	
Approval Date:	19 th August 2024	
Document Type:	Guideline	Clinical
Scope:	Maternity Service	

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If the review date has passed please contact the Author for advice.

Disclaimer

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Bwrdd Iechyd Addysgu Powys yw enw gweithredol Bwrdd Iechyd Lleol Addysgu Powys

Version Control

Version	Summary of Changes/Amendments	Issue Date
1	Initial Issue	Jan 2017
2	Full review and update and removal of CTG references	Aug 2024

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ENGAGEMENT & CONSULTATION

Key Individuals/Groups Involved in Developing this Document

Role / Designation
DAU Midwife Sonographer
Consultant Midwife
Ultrasound Governance Lead

Circulated to the following for Consultation

Date	Role / Designation
10/7/24	Powys midwives
10/7/24	Women and Children's guideline group members
10/7/24	Safeguarding team
10/7/24	Ultrasound governance lead
10/7/24	Professional Head of Radiography

Groups approved at

Date	Group
6/8/24	Maternity Guidelines Group
19/8/24	Women and Children's Policies and Procedures Group
15/7/24	Therapies Heads of Service meeting

Evidence Base

Please list any National Guidelines, Legislation or Health and Care Standards relating to this subject area?

MAT 030 - All Wales Midwifery Led Care guidelines (2022)
 MAT 052 - All Wales Fetal Movement guideline (2021)
 MAT 051 All Wales Strategy for Screening and Managing Gestational Diabetes (2023)
 MAT 053 Antenatal Care for uncomplicated pregnancies (2023)
 MAT 055 Hypertension in Pregnancy: Diagnosis and Management (2024)
 MAT 084 – Investigation and Management of small for gestational age fetus (2023)
 MAT 097 – Care of women with suspected pre-labour rupture of membranes (2024)
 Antenatal Screening Wales Handbook for Sonographers (2020)
 Prudent Healthcare (2016)
 Health and care standards (2015):
 Theme 1- Staying Healthy
 Theme 3- Effective care
 Theme 4- Dignified care
 Theme 5- Timely care

SCoR/BMUS Standards for the provision of an ultrasound service (2014)
SCoR/ BMUS Guidelines for Professional Ultrasound Practice (2020)

IMPACT ASSESSMENTS

Equality Impact Assessment Summary					
	No impact	Adverse	Differential	Positive	Statement
					<i>Improved access to local services. Reduced waiting times Equality in service provision for Powys women and families</i>
Age	X				
Disability	X				
Gender reassignment	X				
Pregnancy and maternity	X				
Race	X				
Religion/ Belief	X				
Sex	X				
Sexual Orientation	X				
Marriage and civil partnership	X				
Welsh Language	X				
Human Rights	X				
Risk Assessment Summary					
Have you identified any risks arising from the implementation of this policy / procedure / written control document?					
None identified.					
Have you identified any Information Governance issues arising from the implementation of this policy / procedure / written control document?					
None identified					
Have you identified any training and / or resource implications as a result of implementing this?					
None identified					

1 Introduction

The Day Assessment Unit (DAU) service supports the provision of care for pregnant women who meet the criteria, who require further investigation/diagnostic screening. It reduces travel time and financial burden by offering to provide some of this care locally.

The DAU will ensure maternal and fetal wellbeing are monitored in accordance with the associated guidelines and /or consultant plan of care.

This guideline will provide clear guidance for clinicians referring into the DAU and to those working within the DAU.

2 Objective

- Provide women with a service closer to home to monitor maternal and fetal well-being during pregnancy
- Retain a family centered, holistic approach to the provision of maternity care.
- Provide routine antenatal care, blood investigations and an ultrasound service.
- Provision of evidence-based care.
- Provide a safe and effective assessment service.
- Reduce inappropriate antenatal admissions to external obstetric units
- Promote the capabilities of the midwifery led services in Powys.
- Provide learning opportunities and professional development for midwives and maternity support workers and maintain competency within scope of practice for general sonographers

3 Definitions

- **DAU**- Day Assessment Unit
- **DGH** – District General Hospital
- **USS**- Ultrasound Scan
- **EDD** – Estimated due date
- **ASW**- Antenatal Screening Wales
- **NMC** – Nursing and Midwifery Council
- **MSW**- Maternity support worker
- **BP**- Blood pressure
- **SRM**- Spontaneous Rupture of Membranes
- **OGTT**- Oral Glucose Tolerance test
- **AFI**- Amniotic Fluid Index
- **SBAR** – Situation Background Assessment Recommendation
- **ANSW** – Antenatal Screening Wales
- **PHR** – Pregnancy handheld records

- **SATH** – Shrewsbury and Telford hospital
- **BCUHB**- Betsi Cadwallader University Health Board
- **CTMUHB** – Cwm Taf Morgannwg university Health Board
- **SBUHB** – Swansea Bay University Health Board
- **HDUHB** – Hywel Dda University Health Board

4 Responsibilities

4.1 Head of Midwifery and Assistant Head of Midwifery

The Head of Midwifery and Assistant Head of Midwifery:

- Ensure that robust procedures are in place in order that Powys Teaching Health Board can discharge its organisational responsibilities in the provision of safe services to the Powys population of pregnant women.
- Ensure the overall implementation of the guidance.
- Ensure all staff read and understand this procedure. Support allocation of resources to ensure compliance with this procedure.
- Ensures that the Governance lead for ultrasound feeds back to the head of midwifery regarding obstetric ultrasound governance.

4.2 Midwife Sonographer

Midwife/Midwife Sonographer:

- Provide leadership and support for community midwives.
- Responsible for the day to day running of the Maternity DAU service.
- Ensure compliance with decontamination policy and ensure training is current for use of decontamination unit in Ultrasound.
- Be accountable for their practice.
- Provide training and support to MSW/Community Midwives on Growth Assessment Protocol (GAP).
- Be responsible for collection of data and audit.
- Liaise with DGH Obstetric Team and Powys Community Midwives as and when required.
- Undertake training relevant to role.
- Inform governance lead for ultrasound and senior management team of any concerns and DATIX accordingly.

4.3 Other maternity staff

Maternity Support Worker will safely:

- Complete training for Decontamination units in Ultrasound.
- Retrieve medical records.

- Complete Venepuncture when delegated to do so
- Perform observations and record in pregnancy handheld records
- Take phone calls/messages.
- Act as a chaperone.
- Ensure equipment and environment is maintained and supplies are available.
- Follow up Communications where appropriate.
- Support data collection and Audit.
- Ensure accurate record keeping.
- Undertake Glucose Tolerance tests.

Community Midwife:

- To be the woman's first point of contact and to refer in appropriately.
- To follow-up with the woman after being seen in the DAU.

5 Procedure

5.1 Telephone Advice

In the first instance, women should be informed by the community midwife to call the Powys maternity service for advice by ringing Brecon Hospital reception on the telephone number provided at the booking appointment. The triage or on-call midwife will then refer to the Powys DAU service if appropriate.

SBAR forms should be used for each point of contact (see Appendix A)

5.2 Referrals accepted from:

- PTHB Community Midwives
- External obstetric teams as part of a documented plan of care

5.3 Criteria for selecting women suitable for Powys day assessment service.

- Due to there being no senior obstetric presence (i.e. obstetric doctors/consultants) in Powys the criteria for review within Powys Maternity DAU is more specific
- It is the responsibility of the DAU Midwife Sonographer to decide on the appropriateness of a referral.
- DAU is appropriate for women that require additional maternal or fetal monitoring during the pregnancy and those whose lead

obstetrician has documented in their plan of care some aspect of local review.

- Women requiring immediate consultant obstetric opinion will be directly referred to their chosen district general hospital.
- In an emergency, referral will always be to the nearest obstetric unit.

Women should be advised to bring their handheld record with them.

The Powys DAU **may** be suitable for: -

- Ultrasound assessment of growth, liquor volume and umbilical artery doppler, which should be undertaken within 24 hours following the 2nd episode of altered fetal movements (2 x episodes within 21 days) **or** first episode accompanied by significant risk factors, (Unless this ultrasound growth assessment has been performed within the last 2 weeks).
- In the presence of altered fetal movements after 39 weeks, cervical assessment and membrane sweep can be offered if the pregnancy is considered low risk or by documented request by a senior obstetrician.
- Assessment of altered fetal movements between 24 and 26+0 weeks of pregnancy when the community midwife is unavailable.
- Cervical sweeps for low-risk women if community midwife unavailable.
- Hypertension monitoring in pregnancy under an obstetric led plan of care.
- First trimester dating ultrasound scan and combined screening.
- Routine 2nd trimester fetal anomaly ultrasound scan
- Ultrasound assessment of fetal growth, liquor volume and umbilical artery doppler in instances where abnormal findings on routine symphysis fundal height (SFH) measurements are identified by the community midwife.
- Monitoring of women that are at increased risk of a small for gestational age fetus in accordance with the Perinatal Institute GAP and GROW protocol/ All Wales fetal growth guideline.
- Monitoring and surveillance of small for gestational age / intrauterine growth restriction identified by ultrasound scan as per an obstetric care plan.
- Ultrasound monitoring of fetal growth in cases where an obstetrician has identified a clinical indication for serial growth scans outside of Powys criteria (i.e hypothyroidism; gastric bypass) and where there is an evidence-base to support the referral.

- Placental location ultrasound scan at 32 weeks in cases where the placental edge is found to be <20mm away from the internal cervical Os at the routine 2nd trimester fetal anomaly scan.
- Uncertain presentation from 37+0 weeks
- Assessment of suspected spontaneous rupture of the membranes (SROM) from 37+0 weeks in cases of singleton pregnancy, clear liquor and nil contractions only.
- Glucose Tolerance Test up to 34+0 weeks
- Non-Invasive Prenatal Test (NIPT) in the event of a higher chance result from the combined test
- Investigation of pruritus and if necessary, subsequent management of confirmed obstetric cholestasis under the instruction of an obstetrician (i.e blood tests, serial growth scans).
- Surveillance and monitoring of pregnancy 42 weeks or more through ultrasound assessment, and in the absence of any other risk factors where induction of labour has been declined by the woman alongside a documented obstetric plan of care.
- Routine antenatal care as requested by community midwife including the pertussis and flu vaccinations.
- Counselling for combined screening in a known twin pregnancy prior to the woman's dating scan.
- Ultrasound scan of women when no fetal heartbeat can be detected <24 weeks gestation by community midwife

5.4 Referral Process

- Referral must be made via telephone /email directly to the DAU.
- The DAU staff will receive the referral and ascertain if appropriate to be seen in Powys Teaching Health Board Maternity DAU.
- The DAU staff will contact the woman via telephone or letter and arrange an appointment.

5.5 Timing of appointments

- First trimester dating scan: 11 weeks 2 days to 14 weeks 1 day. Where a woman attends too early, a further scan appointment should be offered at the appropriate gestation.
- 2nd trimester fetal anomaly scan: 18 weeks 0 days to 20 weeks 6 days based on the scan confirmed EDD. If a repeat anomaly scan is required, this should be completed by 22+6 weeks gestation.

- Serial fetal growth scans – Every 4 weeks from 28 weeks . 3 weekly if on the Uterine Artery Doppler pathway (see Mat 090).
- Fetal growth scan indicated by abnormal findings on SFH measurement (i.e slow, static, first plot under 10th centile, accelerated growth, clinical suspicion of polyhydramnios): As soon as possible and within 72 hours.
- Placental location following diagnosis of low-lying placenta at the second trimester anomaly scan: 32 weeks
- GTT for risk factors identified at booking: 24-28 weeks.
- GTT In cases of previous GDM, type 2DM in remission or pre-diabetes: At the earliest opportunity in the pregnancy and before 16 weeks
- GTT following identification of risk factors in pregnancy (I.e polyhydramnios): Before 34 weeks and within 5 working days of referral.
- Where a Powys appointment is not available within the appropriate time frame, the woman will be referred to an external DGH and for care by the community midwife.

5.5 Failure to attend DAU care

DAU staff should liaise with the community midwife to ensure the pregnancy is ongoing and ensure contact details are correct. DAU staff should attempt to contact the woman by telephone and arrange an alternative appointment. This contact should be as soon as possible, preferably within three working days.

Where telephone contact cannot be made within three working days, a further appointment should be sent by post.

If a woman fails to attend a second appointment, a further letter should be sent encouraging the woman to contact the DAU.

If a woman fails to contact the DAU at this point, DAU staff should notify the named community midwife who will then take responsibility for following up in line with maternity guideline PTHB / MAT 011.

5.6 Safeguarding

The community midwife should notify DAU staff of any safeguarding concerns.

DAU staff must ensure the routine enquiry is asked at every contact where the pregnant woman attends alone. Due to time constraints, in the event of a positive routine enquiry DAU staff should refer immediately to the community midwives, in order for appropriate safeguarding pathways to be initiated.

If any safeguarding concerns or significant risk factors are identified for a unborn child or young person/vulnerable adult practitioners must follow Wales Safeguarding Procedures (2019) and SGP036

Safeguarding Policy [Policies & Written Control Documents - SGP 036 Safeguarding Policy.pdf \(sharepoint.com\)](#) . Advice and support concerning any safeguarding issue can be sought from PTHB Safeguarding Team via the Safeguarding Hub on 01686 252806 or email PowysTHB.Safeguarding@wales.nhs.uk (Monday-Friday 09:00-17:00, excluding Bank Holidays). Outside of office hours, Local Authority can be contacted on 0345 0544 847 or contact Silver on Call.

All registered practitioners should access appropriate safeguarding supervision and training as per guidance. [Safeguarding Supervision \(sharepoint.com\)](#)

5.7 Documentation

It is the responsibility of the DAU midwife to document all care and decisions made in the hand-held pregnancy records and inform the case holding midwife.

DAU staff must also ensure to complete the signature page at the first contact.

Following the first trimester dating scan, the estimated due date confirmed by scan must be recorded in the All Wales Maternity record. In addition to this, there must be documentation of any screening tests offered/accepted and documented.

All DAU contacts to be recorded within the All Wales Maternity Record. Documentation must include date and time, gestation of the pregnancy, indication for care and follow-up plan. The antenatal plan of care must be reviewed and updated by DAU staff accordingly.

In the event of altered fetal movements, this should also be clearly documented on the relevant pages of the All Wales Maternity Record.

Blood tests, swabs and urine samples should be taken in accordance with the woman's condition and should be followed up by the community midwife (or by the DAU team if required). Clear discussion and documentation should be made to ensure results are dealt with in a timely manner.

5.8 Referrals outside of normal opening hours

In the event of a client requiring care outside of DAU opening hours, the community midwife should refer to the client's chosen district general hospital.

6 Governance

Powys DAU governance is overseen by the Women and Children's Directorate Midwifery governance procedures and Radiology ultrasound governance.

6.1 Quality

Service Review to be undertaken on a continuous basis by the senior management team including reports from the lead governance for ultrasound and the maternity governance lead.

National governance for ultrasound standards are implemented throughout the day assessment unit. This ensures service standards are maintained through training, supervision and audit, therefore achieving and maintaining high levels of competence, performance and patient safety.

At all times, any issues related to ultrasound imaging will be discussed with the Ultrasound Governance Lead or in their absence the Head of Radiography. Image reviews are conducted by the Ultrasound Governance Lead.

DATIX submissions are reviewed in the first instance by the Women and Children's Risk and Governance Lead. Audit of records is completed through the annual record keeping audit, which monitors attendance at DAU.

6.2 Learning and improving

Powys DAU works within evidence-based practice to achieve gold standard clinical care.

Newly qualified sonographers are to complete a preceptorship period of 6-12 months to ease the transition between trainee and novice practitioner. This should include a combination of direct, remote and retrospective supervision and image review.

The day assessment staff are required to complete all mandatory training. The requirements for job specific training are specified by the maternity management team and the Ultrasound Governance Lead and compliance assessed during individual PADR (Personal Appraisal and Development Review). A commitment to lifelong learning and continued professional development is expected from all practitioners working within Powys DAU. This should include work-based activities,

formal study, self-directed learning, and relevant courses. Requests for additional learning are assessed on alignment with the Health and Care Strategy and role/ individual development to aid service improvement in the DAU.

User service review will be undertaken through the day assessment unit/scan QR code, service user groups, incident reviews and any concerns feedback.

Fetal abnormalities are presented at the DAU bi-monthly clinical case review meetings attended by the ultrasound governance lead; midwifery supervisor and the DAU sonographers to facilitate discussion; learning and continued professional development.

6.3 Monitoring and Compliance

Benchmarking of the DAU service provision must be performed to ensure the service is efficient and continues to meet the needs of the population it serves. Patient communication must form part of the review and include a user review of the DAU. Review of datix submissions from surrounding DGH's involving the DAU will be investigated thoroughly and fed back to the DAU team on conclusion with recommendations for improvement and learning. The data will be included as part of the maternity day assessment unit pathway meeting.

It is a requirement that a DATIX is submitted for an incident listed on the 'Incident notification List' and any adverse incident that is of concern and requires further investigation. Feedback of findings and trends should be undertaken at regular intervals through the clinical incident meetings held monthly.

Peer/ consultant review of cases will be arranged periodically to monitor practice. It is a requirement that all DAU staff attend a local DGHs perinatal review meeting annually.

Patient Administration Systems will be used to monitor activity in the DAU

6.5 Audit and Review

Auditing will be undertaken to ensure clinical standards and governance measures meet clinical professional standards. Image audits are to be completed monthly, for growth, dating and anomaly scans and performed by the training and governance lead

Sonographer. A monthly report will be sent to the Head of Midwifery, Assistant Head of Midwifery, Head of Radiography and will be fed into the maternity day assessment unit pathway meeting.

Record keeping audits must be performed to ensure compliance with NMC standards using the template created by the Supervisor of Midwives. Feedback should be provided to DAU staff for reflection and practice review. Review of the audit should recognize trends for further investigation.

Audit data for small for gestational age babies is entered into the Perinatal Institutes GAP-SCORE (Standardised Case Outcome Review and Evaluation) tool in order to assist clinicians in reviewing 'missed cases' of fetal growth restriction and identify training issues, themes and system failures.

Self-audit of ultrasound images and record-keeping forms part of the audit and review process and time must be allocated for this to occur.

7 References

- National Institute of Clinical Excellence: Hypertension in pregnancy, the management of hypertensive disorders during pregnancy (2017)
- National Institute of Clinical Excellence: Antenatal care (2014)
- National Institute of Clinical Excellence: Diabetes in pregnancy: management from preconception to the postnatal period (2015)
- Antenatal Screening Wales: Obstetric Ultrasound Handbook for Sonographers Delivering the Antenatal Screening Programme in Wales (2019)

8 Related Guidance

- PTHB/MAT 011 Follow up of women who fail to access midwifery care during the antenatal and postnatal period
- PTHB/MAT 017 Women who decline induction of labour
- PTHB/MAT 046 Weight management and raised BMI guidelines
- PTHB/MAT 051 All Wales Screening and Management of Gestational Diabetes
- PTHB/MAT 052 All Wales Fetal Movements in Pregnancy
- PTHB/MAT 055 Hypertension in Pregnancy
- PTHB/MAT 084 All Wales small for gestational age (SGA) and fetal growth restricted babies-antenatal management. All Wales guidance.
- PTHB/MAT 30 All Wales midwifery led care guideline
- PTHB/ MAT 082 Placental Anomaly

Form to be used for all Midwifery advice outside normal labour pathway.
File in maternity section of case records