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# **DAY ASSESSMENT UNIT CRITERIA FOR MATERNITY SERVICES, NEATH PORT TALBOT HOSPITAL**

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Approved by:	Antenatal Forum, Maternity Services
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## **DAY ASSESSMENT UNIT NEATH PORT TALBOT HOSPITAL**

Opening hours:

Monday to Friday 9am – 5pm (by appointment only)

Telephone no: **01639 862352**

**Outside of these hours all women will be referred to either Singleton or POW, with the exception of:**

**SROM assessment on low risk women at term who wish to birth in the birth centre who should be assessed in line with appropriate policy.**

All referrals via community midwife/obstetrician/GP or self referral by the woman need to be phoned through to the above number so that an appointment can be issued.

### **Criteria for admission:**

1. Itching - if bloods abnormal follow up will be the following day in either Singleton or POW depending on place of delivery;
2. Term SROM assessments;
3. Assessment of hypertension (**asymptomatic only**) – following the management of hypertensive disorders during pregnancy guideline (Gestational Hypertension);
4. Presentation scans;
5. Fetal growth assessment scans;
6. Altered fetal movements in line with All Wales Guidelines:
  - a. up to 2<sup>nd</sup> episode for women who are midwifery led care
  - b. up to 1<sup>st</sup> episode for women under consultant led care;
7. Administration of steroids;
8. Cervical sweeps for MLC women if community unable.

## **Management of women with Itching (pruritis) in pregnancy in DAU, NPTH**

### **Indication for referral in pregnancy**

Any woman who complains of itching after 24 weeks gestation. This may be earlier if a woman has a previous history of cholestasis and requires reassurance.

### **History and Examination**

1. Record a full history and document in the hand held maternity record;
2. Perform antenatal examination (unless performed within the last week and was normal);
3. Record fetal movements' history.

### **Maternal Investigations**

1. Bloods for U + E's. LFT's, Urate, Bile Acids & FBC (to exclude obstetric cholestasis)
2. If antenatal examination satisfactory and woman reports normal fetal movements discharge home and give contact telephone number to call for blood test results the next day.

<b>Normal blood test results</b>	<b>Abnormal blood test results</b>
<ul style="list-style-type: none"> <li>• Advise woman to consult GP if rash present or appears (consider Dermatology referral if obvious skin problem)</li> <li>• Continue weekly management until symptoms resolve or diagnosis is made.</li> <li>• If further concerns refer to Obstetrician</li> </ul>	<ul style="list-style-type: none"> <li>• Elevated LFT's and / or elevated Bile Acid treat as cholestasis</li> <li>• Woman informed of result the following day and referral to either Singleton DAU or Princess of Wales DAU (depending on place of delivery) arranged for the same day for review. Consultant appointment to be made for Neath ANC for follow up care.</li> </ul>

## **Management of Pre-labour Spontaneous Rupture of the Membranes (SROM) at Term in DAU NPTH**

### **Admission Criteria:**

- Term is defined as 37-42 weeks gestation.
- Suitable to give birth in the birth centre.
- Seen within 4 hours of initial report.

### **Diagnosis:**

1. Accurate diagnosis of SROM can usually be undertaken by thorough history taking.
2. If doubt remains, speculum examination should be undertaken by an experienced midwife.
3. There is NO evidence to support ultrasound scan as a diagnostic tool for SROM. Testing negative to steps 1-2 should result in the women being advised that it is unlikely that her waters have broken.

**NB: Digital vaginal examination must be avoided unless there is strong evidence that the woman is in active labour.**

### **Management of confirmed SROM:**

Women should be regarded as low risk and managed conservatively for at least 24 hours in the community provided:

1. Liquor draining is clear.
2. Fetal heart rate is normal - usually through auscultation, CTG only if indicated (NICE 2014).
3. The absence of vaginal bleeding.
4. Singleton, cephalic presentation, head fixed in pelvis.
5. No evidence of infection (except GBS see below).
6. Information on SROM and induction of labour (IOL) given both verbally and via information leaflet, information giving and consent for IOL must be documented in the maternity notes, contact phone numbers need to be provided.
7. IOL booked via Labour Ward:
  - a. on the morning following SROM
  - b. a minimum of 24 hours duration but less than 48 hours

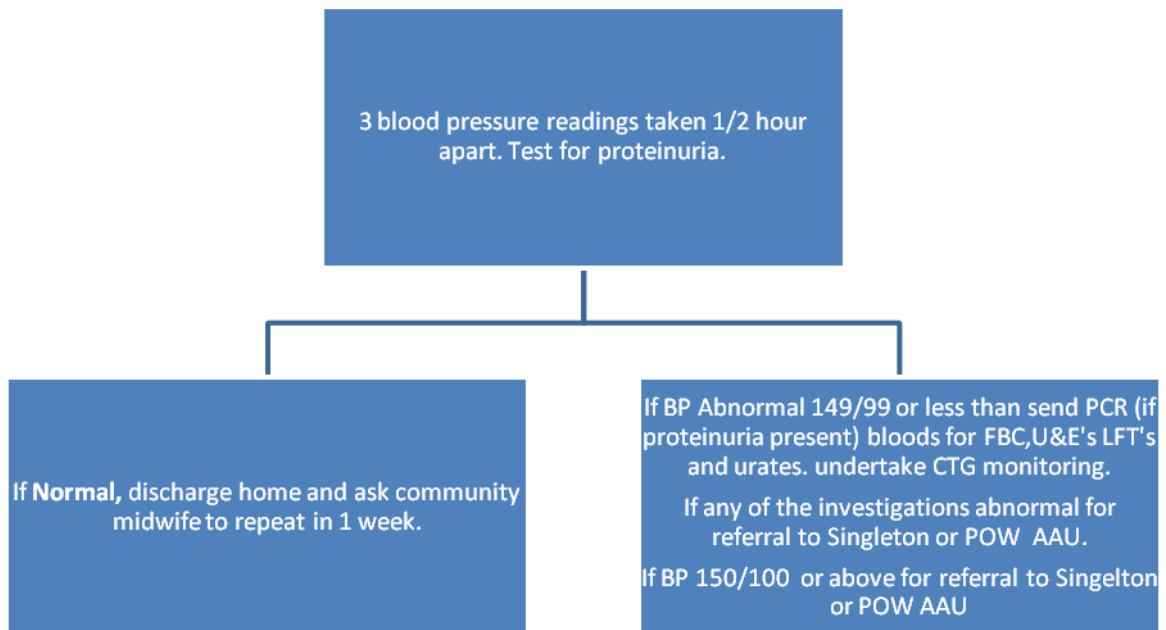
Women who are managed in the community setting, should telephone the maternity unit/community midwife for advice if:

1. Temperature develops or feels unwell;
2. Any change in fetal movements;
3. Liquor changes colour or smell;
4. Any other concerns.

### Admission Criteria:

- New hypertension presenting after 20 weeks without significant proteinuria.
- No previous history of pre-eclampsia.
- Asymptomatic of Pre-eclampsia.
- Mild hypertension
  1. Diastolic blood pressure 90-99mmHg
  2. Systolic blood pressure 140-149mmHg

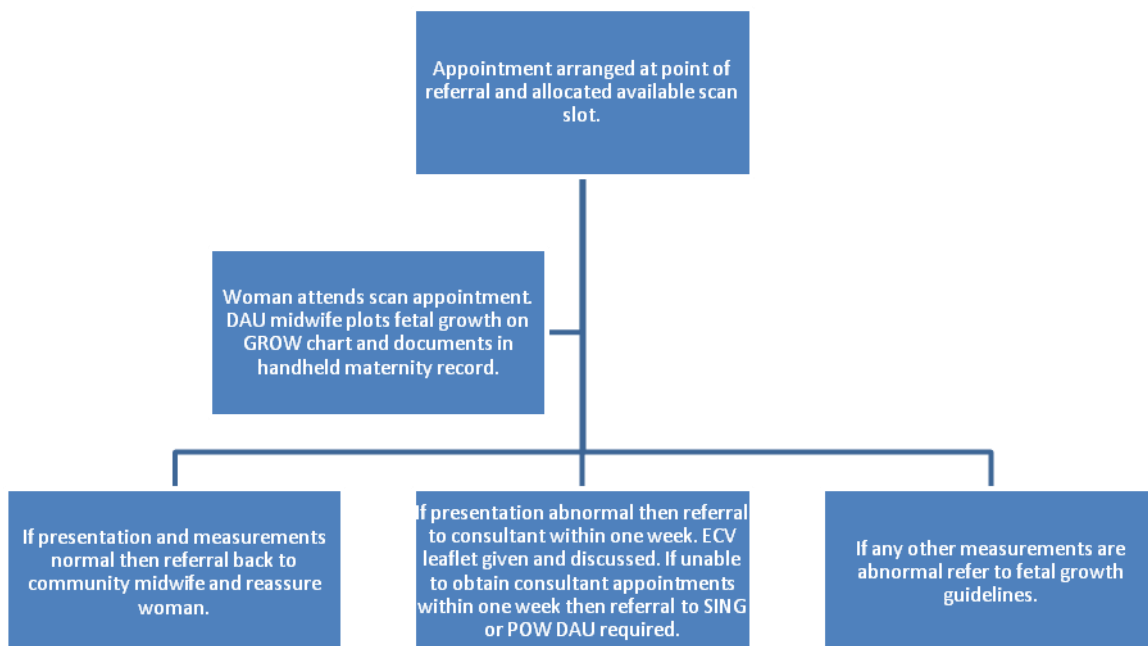
### On admission to DAU Neath



## Presentation scans in DAU NPTH

### Admission Criteria:

- 36 weeks plus gestation



### **Growth Scan in DAU NPTH**

Appointment arranged by DAU midwife at point of referral. The appointment for scan should be as soon as possible and within 3 working days.

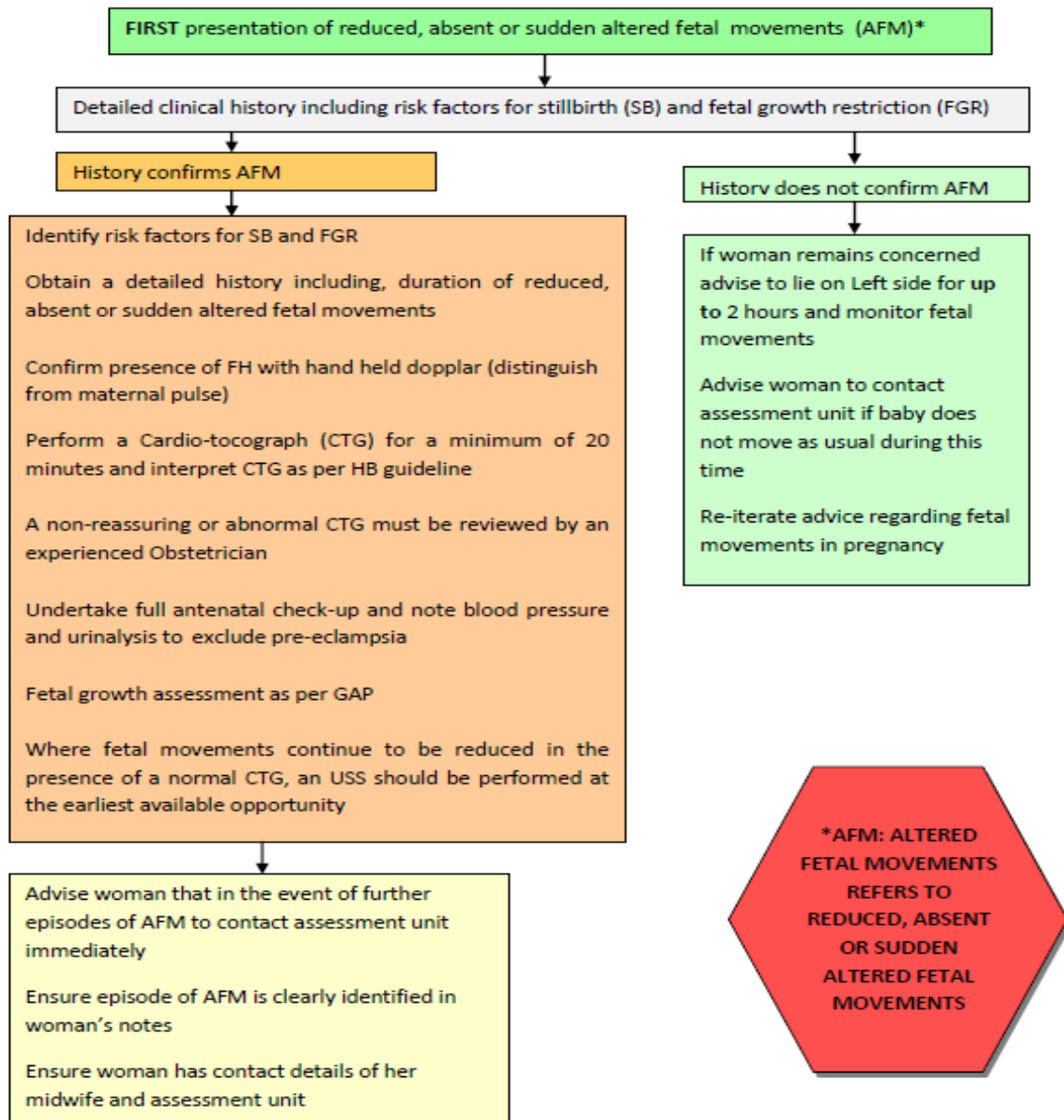
### **Referral process following a growth scan in DAU NPTH**

These referrals will be made by the clinician once the growth scan has been completed and the estimated fetal weight (EFW) plotted on the customised growth chart with a circle.

- If the EFW plots between the 10th and 90th centile and is following the centile curve, and the liquor volume is normal, the woman will be asked to attend her next antenatal appointment as planned. This should already have been confirmed with the woman by the referring carer.
- If the EFW does not plot within the 10th and 90th centile or is not following a centile curve, or there are concerns regarding the liquor volume or umbilical artery Doppler, then the following referrals should be made:
  1. Significantly increased growth velocity with first measurement having been >90th centile:  
Refer for obstetric review and repeat scan in 2-3 weeks.
  2. EFW below 10th centile or reduced growth velocity, normal liquor volume, normal umbilical artery Doppler:  
Refer for obstetric review and repeat scan in 2 weeks.
  3. EFW below 10th centile or reduced growth velocity with oligohydramnios and/or abnormal umbilical artery Doppler:

**For immediate (same day) obstetric review for plan of care in POW, SING AAU**

## Management of altered fetal movements in DAU Neath



### **Advice to women following an episode of altered fetal movements:**

Women should be advised that should they experience any further episodes of altered fetal movements, they should contact their midwife/local Assessment Unit immediately. The episode of altered fetal movements should be clearly documented in the woman's notes so that it is easily identified should she return with a further episode.

### **Recurring episodes of altered fetal movements:**

- An ultrasound scan should be performed if a woman presents with a second episode of altered fetal movements;
- USS should be performed at the earliest available opportunity;
- USS should assess HC, AC, FL, AFV, EFW (GROW) and Doppler;
- The EFW must be plotted on the customised growth chart;
- A clear management plan should be documented in the woman's notes, including the management plan while waiting for an USS appointment;
- Any woman booked under midwifery led care should be transferred to Consultant led care at the second episode of altered fetal movements for the duration of the pregnancy.



## Directorate of Women & Child Health

### Checklist for Clinical Guidelines being Submitted

Title of Guideline:	<b>Neath Day Assessment Unit Criteria</b>
Name(s) of Author:	<b>Margaret Birch</b>
Chair of Group or Committee supporting submission:	<b>Antenatal Forum</b>
Issue / Version No:	1
Next Review / Guideline Expiry:	October 2019
Details of persons included in consultation process:	Antenatal Forum membership
Brief outline giving reasons for document being submitted for ratification	Outline criteria for admission to Day Assessment Unit in Neath Port Talbot Hospital
Name of Pharmacist (mandatory if drugs involved):	n/a
Please list any policies/guidelines this document will supercede:	none
Keywords linked to document:	DAU, assessment, NPT
Date approved by Group:	4 <sup>th</sup> November 2016
File Name: Used to locate where file is stores on hard drive	