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## RESPONSIBILITIES OF THE TEAM ON DUTY FOR OBSTETRICS AND GYNAECOLOGY

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Specialty:	Maternity Services
Date Approved:	March 2020
Approved by:	Labour ward Forum
Date for Review:	March 2023

## **The Team:**

Consultant	phone: 25510
Registrar Obstetrics	phone: 25356
Registrar Gynaecology	phone: 25351
SHO labour ward	phone: 25368
SHO Triage (AAU)	phone: 25368
SHO Gynaecology	phone: 25448

## **Duty organisation:**

Weekday 08:30hrs to 17:00hrs	Consultant, 2 Registrars, 3 SHOs
Weekday 17:00hrs to 20:30hrs	Non-resident Consultant, 2 Registrars, 2 SHOs
Weekday 20:30hrs to 08:45hrs	Resident Consultant, 1 Registrar and 1 SHO or 2 Registrars and 1 SHO with a non-resident Consultant

## **Weekends** (Saturday and Sunday)

Nights same as the week nights

Day time	1 non-resident Consultant, 2 Registrars, only 1 SHO available
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## **1. CONSULTANT DUTIES**

According to RCOG the attendance of the consultant is required in the following circumstances:

### *1.1 Attendance in person*

In the following situations, the consultant should attend in person, whatever the level of the trainee:

- 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 – laparotomy
- When requested

### *1.2 Attendance in person or immediately available*

For the procedures listed below, the consultant should attend in person or should be immediately available if the trainee on duty has not been assessed and signed-off, by OSATS where these are available, as competent for the procedure in question:

**Obstetrics:**

- Vaginal breech delivery
- Trial of instrumental delivery in theatre 4 or 5
- Twin delivery
- Caesarean section at full dilatation
- Caesarean section in women with body mass index greater than 406
- Caesarean section for transverse lie
- Caesarean section at less than 32 weeks of gestation

**Gynaecology:**

- Diagnostic laparoscopy
- Laparoscopic management of ectopic pregnancy
- Any laparotomy

In addition the consultant on duty for the Labour Ward has overall responsibility for:

1. The management of patients on the Labour Ward in collaboration with the Midwifery team.
2. All obstetric emergencies in the Unit.
3. Acute problems arising from the Day Assessment Unit and Antenatal Assessment unit.
4. Clinical supervision and ad-hoc teaching of the middle grade doctors and SHOs in the course of the daily work.
5. Ensuring review of all emergency gynaecology inpatients.
6. Ensuring review and debriefing of all patients who had an operative delivery or a complicated delivery after the hand-over ward round.
7. Regular Objective Structured Assessments (OSATS) for the whole range of obstetric operative skills for all middle grade doctors).
8. Acceptance of intra-uterine transfer to and from other units. On receiving the request ( a completed uterine transfer request form), the consultant should confirm with both NNU and Labour Ward Midwifery Co-ordinator that the transfer is acceptable. In case of transfer out please ensure the transfer form is completed in all cases and faxed to other units.
9. Requests for review by a consultant from another specialty. It is expected that these are made consultant to consultant.

## **Daytime Weekdays**

1. Lead hand-over in morning at 8:30hrs.
  - All patients on Labour Ward and problems on Antenatal Ward need to be documented. Staff present at the hand-over also need to be documented. Ensure hand-over sheet is completed and filed appropriately.
  - Discuss division of tasks with oncoming team.
  - Plan teaching.
  - Ensure hand over of gynaecology patients.
2. Carry out ward round on Labour Ward. If there is no consultant allocated to the Antenatal Ward round ensure review of patients on Antenatal, Postnatal Ward. The Gynaecology Ward round is allocated to a separate consultant but if this person is not available also ensure patients are reviewed.
3. Review situation at subsequent staff change-overs. Ensure these reviews are documented on the hand-over form.
4. Ideally, patients who had an operative delivery or a complicated vaginal delivery should be debriefed within 24 hours by the on-call team. Debriefing should be documented on the proforma, filed in the patients notes and the debriefing letter completed (see Appendix\*).
5. Collect cases for Obstetric Reflections:

*Singleton Hospital - Thursday 14:00hrs – 15:00hrs*
6. On Mondays, Wednesdays and Fridays the consultant on call is responsible for CEPOD theatre.

## **Night Time** (*Singleton Hospital - 17:00hrs – 20:30hrs*)

All non-resident consultants on call during the night are expected to carry out a ward round at around 17:00hrs. Hand-over sheets must be completed by a member of the team on duty and stored appropriately. This must include all ongoing obstetric problems as well as any unresolved emergency gynaecology problems.

Thereafter a further telephone ward round at around 22:00hrs is expected. The Senior Registrar on-call should normally make that call and document this on the handover sheet.

In addition the non-resident on-call consultant is responsible for any emergencies requiring gynaecological input in Morriston Hospital.

**Resident Consultants:** (20:30hrs to 08:30hrs)

The resident consultant has primary responsibility for all emergencies in the department (obstetric and gynaecological). The resident consultant will allocate work to the registrar as appropriate, and will take responsibility for teaching and supervision. The exception is for the resident consultant who has no gynaecological remit, in which case the non-resident consultant will be responsible for gynaecological emergencies.

**Weekends**

Handover in Labour Ward takes place at 8:30hrs between the resident teams.

The non-resident consultant on duty will undertake the Labour Ward round on both Saturday and Sunday. If there is a resident consultant this person will conduct the Antenatal Ward round on Ward 19, and the non-resident consultant will review any gynaecology patients on Ward 2, If there is only a non-resident consultant this person will decide together with the registrar who does the antenatal and the gynaecological ward round.

After performing the ward rounds in Singleton the non-resident consultant is required to review all gynae-oncology patients in Morriston. A list of these patients will be provided by the gynae-oncology team by 17:00hrs on Friday afternoon

**2. REGISTRAR DUTIES****Shifts**

All shifts are 12 hours long with an additional 15 minutes for handover.

Day time shifts start at 08:30hrs. Night time shifts start at 20:30hrs.

During the day time there will be 2 registrars on call. During the night time there might either be 2 registrars or 1 registrar and 1 resident consultant.

**Handovers**

The morning handovers at 08:30hrs are multidisciplinary and are led by the Labour Ward Consultant involving the O&G duty team, anaesthetic team and midwifery shift co-ordinator. Both the incoming and outgoing teams are present. The handover

takes place in the allocated space on Labour Ward. All patients on Labour Ward are handed over along with any on-going concerns regarding women on the wards. Women booked on the CEPOD list should be handed over. Details of the handover are documented by the obstetric SHO in the handover sheet. Names and details of both obstetric and gynaecological patients discussed are documented along with the names of the attending personnel. It is the responsibility of the on-call Registrar to ensure that the handover sheet is filled and filed. The night handovers are at 20:30hrs and involve the same process without the on-call consultant, or with the resident consultant. Additional handovers with discussion of patients occurs at 17:00hrs when there is a changeover of on call consultants.

If no resident consultant is present, a telephone handover with the on-call consultant(s) should be performed around 22:00hrs by the obstetric registrar on-call. Details of plans made should be documented in the patient's notes.

### **Duties**

The obstetric registrar and the gynaecology registrar are responsible for the care of patients on the Labour Ward, Antenatal and Postnatal Wards and Gynaecology Ward, as well as Antenatal Day Assessment Unit, Antenatal Assessment Unit, Emergency Gynaecology Unit and Early Pregnancy Unit. Women giving birth on the Birth Centre will be the on-call team's responsibility in case of emergency.

The team on-call is required to do a ward round at the beginning of each shift. This should include all patients under consultant led care on Labour Ward including the high and low dependency areas. At present the elective caesarean sections are carried out by the duty registrar for obstetrics with supervision by the Labour Ward consultant as appropriate. The level of supervision required will be determined on the day depending on the experience of the registrar and the complexity of the case.

The women on the Antenatal and Postnatal Wards are usually reviewed by the consultant allocated to the ward round during daytime. Follow-ups after investigations ordered during daytime are the responsibility of the on-call team.

It is important to document all reviews and discussions involving patient care.

### **Antenatal Assessment Unit (AAU) and Antenatal Day Assessment (ADAU)Units**

These are midwifery led with obstetric input when required.

### **Early Pregnancy Assessment Unit**

This is led by a Nurse Specialist with input from on-call team. Women suspicious of having an ectopic pregnancy are admitted to gynaecology ward and should be reviewed by the on-call gynaecological registrar. Appropriate management plans should be made after liaising with the on-call consultant.

### **Ward 16**

The PAS service is based on Ward 16 and is run by Specialist Nurses with input from the Integrated Sexual Health (ISH) Consultant. Retained products and incomplete abortion with excessive bleeding in women having MTOP should be dealt as gynaecological emergencies and managed by the on-call gynaecological team. Women can be transferred to Ward 2 should they require an overnight stay.

### **CEPOD list**

There are 3 CEPOD lists per week on Monday, Wednesday and Friday afternoons. Gynaecology emergencies are booked on the CEPOD list and the consultant on duty should be informed. Anaesthetic cover for these lists is by a consultant anaesthetist. If a patient requires and emergency operation outside of these times this needs to be discussed with the theatre team and the consultant on duty. It is good practice to avoid operating after 22:00hrs unless the patient is hemodynamically compromised.

### **In-utero Transfers**

Accepting in-utero transfers is usually done by the consultant on duty. If the registrar on duty is involved this can be done after appropriately liaising with the Midwifery Co-ordinator, Duty Consultant and SCBU. When women need to be transferred out it is the on-call registrars responsibility to identify and liaise with the receiving unit including their SCBU. The consultant on-call should also be informed to facilitate consultant to consultant transfer. The All Wales Transfer document should be filled in all cases including those within the same trust.

### **Contacting the consultant on duty in case of problems (phone number see above)**

Registrars are expected to liaise with the consultant on-call, be they non-resident or resident.

Caesarean Sections, difficult instrumental deliveries, multiples possibly requiring syntocinon and obstetric cases needing to go to theatre should be discussed. Furthermore, any serious obstetric complications either antenatally or postnatally need to be brought to the attention of the consultant (eclampsia, severe preeclampsia, HELLP, severe APH or PPH etc...).

In gynaecology, the consultant needs to be informed of suspected ectopic pregnancies and any other serious gynaecological emergencies. The consultant should be aware of any gynaecological cases booked for theatre and should attend for any laparoscopic surgery.

All consultant telephone details are available from the switchboard.

### **Labour Ward and Gynaecology Protocols**

All registrars must familiarise themselves with the protocol book on the Labour Ward and on the Gynaecology Ward. All protocols are available on WISDOM.

### **Resuscitation equipment**

The defibrillator on Labour Ward is kept by the central desk area. Training is available from the Resuscitation Department.

### **OSATS**

All middle grade doctors need to be assessed by the consultant regarding their technical skills. OSAT forms are used for this and can be printed off from the computer in the Labour Ward office. Please organise these assessments in conjunction with the consultant on duty.

### **General Health Board information**

#### **Protocols/Guidelines**

Departmental and Trust guidelines are available on the Delivery Suite / Labour Ward and are also available on WISDOM which is accessed via Swansea Bay UHB Intranet site. For further information regarding accessing policies on-line, please contact The Library in Singleton Hospital.



## **Incident reporting**

All members of staff are expected to complete incident forms whenever the need arises. Trigger lists are available via WISDOM and from the Delivery Suite / Labour Ward which give guidance on the kind of incidents that need to be reported.

Incidents are completed on line via the Health Board Intranet site using the '*On Line Incident Reporting*' Link. Once submitted, an incident report reference number will be provided. If an incident is relating to a patient, this reference number should be noted in the patients note.

## **3. SHO DUTIES**

During the normal weekday: all SHOs attend hand-over on labour ward at 8;30hrs.

### **Obstetric SHO:**

- Assist with elective and emergency caesarean sections.
- Gain venous access, take bloods as indicated and ensure bloods are sent to the lab appropriately.
- Prescribe drugs as appropriate.
- Review patients on antenatal ward with medical problems.
- Prepare hand-over sheet for Labour Ward.

### **AAU (Triage) SHO**

- Clerk patients, examine (under direct supervision until confident in speculum and bimanual examination) and send investigations as appropriate.
- Assist in Antenatal Ward round with allocated consultant.
- Clerk any direct admission to the Antenatal Ward.
- Liaise with registrar on duty prior to allowing patients home. All patients need to be reviewed in person by the registrar.
- Review patients on Postnatal Ward and communicate any problems to registrar (gynaecological) and/or consultant doing Antenatal Ward round.

### **Gynaecological SHO**

- Review gynaecological patients on ward round with consultant.
- Prepare patients for CEPOD (Monday, Wednesday, Friday afternoons).
- Clerk, examine (under direct supervision until confident in speculum and bimanual examination) and send investigations for any acute gynaecological admissions to Ward 2.
- All gynaecological admissions to be reviewed by the registrar in person or over telephone before discharge, depending on the complexity of the case and at the discretion of both SHO and registrar.
- Update inpatient list twice daily before handover.

### **During the weekend**

As there is only one SHO on duty at weekends this person will need to prioritise any work in collaboration with the registrar.

In particular, if free on Monday mornings before hand-over check on Ward 2 which bloods may need to be taken pre-operatively for the day lists.

## Maternity Services

### Checklist for Clinical Guidelines being Submitted for Approval

Title of Guideline:	Responsibilities of the Team on duty for Obstetrics and Gynaecology
Name(s) of Author:	Myriam Bonduelle
Chair of Group or Committee approving submission:	Labour Ward Forum
Brief outline giving reasons for document being submitted for ratification	Replaces the ABMU HB guidelines:- Responsibilities of Labour ward on call Consultant 2011, and Responsibilities of on call Registrar 2012
Details of persons included in consultation process:	Labour ward Forum
Name of Pharmacist (mandatory if drugs involved):	
Issue / Version No:	2
Please list any policies/guidelines this document will supercede:	Replaces the ABMU HB guidelines:- Responsibilities of Labour ward on call Consultant 2011, and Responsibilities of on call Registrar 2012
Date approved by Group:	March 2020
Next Review / Guideline Expiry:	March 2023
Please indicate key words you wish to be linked to document	Responsibilities, Consultant, Registrar, on call, on duty, Obstetric team,
File Name: Used to locate where file is stores on hard drive	ABM Groups (z) drive/Maternity/policies and Guidelines/ ratified - obs