



**Guideline for the management of pregnant/postnatal women attending the
 Emergency Department/non-maternity ward**

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|-----------------------------------|---|------------------|
| Author/Owner | Practice Educator Midwife, ED consultant, Obstetricians, Lead Midwives | |
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1.0 Introduction

The guideline uses the terms 'woman' or 'mother' throughout. These should be taken to include people who do not identify as women but who are pregnant.

The majority of women in the UK remain healthy during their pregnancy and postnatal period. However, many women present to the Emergency Department (ED) following an accident or injury, as a victim of domestic abuse, with a mental health issue or with an acute medical problem. These women need timely, well planned and well delivered care.

The care of all pregnant women requiring hospital attendance and admission should be discussed and planned with the local obstetric team. This will improve the outcome and assist in learning lessons for the care of women seen in the emergency department or elsewhere in the hospital.

The Better Births maternity review (2016) and 5-year vision stated that professionals should work together across boundaries to ensure rapid referral and access to the right care in the right place allowing women to access more specialist care when they need it.

The MBRRACE report (2021) advocates multi-disciplinary working and referral for women with complex issues or women who present in Emergency departments.

2.0 Objective

To ensure any pregnant or postnatal (up to 42 days) women admitted to the Emergency Department or any other ward/unit in the hospital receive a timely obstetric review and care from a multi-disciplinary team including obstetricians and midwives

To ensure that clear communication occurs between staff outside of the maternity unit and obstetric/ midwifery staff within the hospital, when pregnant women are admitted to a ward or receive emergency department care.

To ensure pregnant and postnatal women throughout BHNFT have vital signs recorded using the Modified Obstetric Early Warning Score (MOEWS).

To ensure pregnant and postnatal women throughout BHNFT have a venous thromboembolism (VTE) assessment completed using the Obstetric Thromboprophylaxis Risk Assessment form (TRAF).

3.0 Scope

This guideline applies to all medical and midwifery staff working on the maternity unit.



4.0 Main body of the document

4.1 Imminent birth

If a woman presents to the emergency department and birth is imminent, call 2222 and ask for an Obstetric and Neonatal emergency.

Use Of Maternity Bleep System 2222.pdf (trent.nhs.uk) – See Appendix 1

Move the mother to a private room and get the normal birth pack ready, turn on the neonatal resuscitaire.

If a mother presents to the emergency department in labour, staff can immediately transfer the mother to triage and inform the Midwife in charge of the Birthing Centre on bleep 248.

4.2 Pregnant women or women less than 42 days delivered who attend the Emergency Department

Women who present to the emergency department, who are found to be pregnant must have an appropriate assessment by a multidisciplinary team which includes an obstetrician and / or midwife. This will enable the emergency department team to assess the most appropriate specialty and place to deliver care.

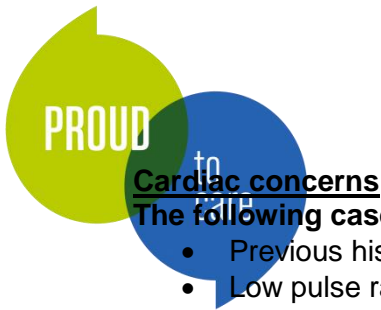
For the majority of women, childbearing is a normal life event. Physiological adaptations ensure a woman has a healthy pregnancy, childbirth and postnatal recovery. However, these physiological adaptations including increased cardiovascular reserves, combined with the relative rarity of severe maternal illness can come together to make recognition of impending maternal collapse difficult (Cole, 2014).

The implementation of an early warning scoring system, modified for pregnancy/ the postnatal period, offers the opportunity to recognise the early warning signs for impending maternal collapse which can be very sudden or unexpected.

The Modified Obstetric Early Warning Score (MOEWS) tool has been specifically modified to reflect the physiological adaptations of normal pregnancy and should therefore be used for pregnant, labouring and postnatal women less than 42 days delivered.

The obstetric team on call must be informed of any pregnant woman admitted to another ward in the hospital to ensure oversight. The woman will then be discussed at the MDT handovers on the Birthing Centre and an obstetric plan of care for the woman will be formulated.

Women 20+0 or less weeks gestation complaining of abdominal pain/discomfort or vaginal bleeding must be referred to gynaecology for review and assessment. Following this review, they may be admitted to gynaecology, or a more appropriate ward dependent on the findings.



Cardiac concerns

The following cases need to be referred to the cardiology team for review:

- Previous history of cardiac surgery
- Low pulse rate, palpitations or changes on the ECG

Warning Signs linked to pre-eclampsia/eclampsia

- Epigastric pain unrelated to any other diagnosed or suspected pathology
 - Raised blood pressure (particularly raised systolic) - **Any blood pressure above 150/90 needs immediate escalation to the Obstetric Team**
 - Proteinuria
 - Visual disturbances
 - Oedema
 - Confusion
 - Pregnant women > 20 weeks gestation with seizures
- NB new onset seizures in pregnancy should be considered as eclampsia until proven otherwise.**

The following women will require immediate referral to an Obstetrician on admission:

- Women who require escalation due to their MOEWS score (two or more yellow or one red on MOEWS)

The following women will require direct referral to both an Obstetrician and the Birthing centre at the time of medical review:

- Women > 20 weeks complaining of abdominal pain
- Women >20 weeks complaining of vaginal bleeding
- Women complaining of diminished fetal movements
- Women > 20 weeks pregnant who are involved in an RTA
- Women who are unbooked – inform the Birthing Centre Co-ordinator who will arrange booking at the time of admission or refer to the community midwife

The Obstetric Registrar should be contacted on baton bleep number 664 in the first instance. If there are any difficulties contacting the Obstetric Registrar then the SHO can be contacted on baton bleep number 663.

The Midwife in charge of the Birthing Centre can be contacted on ext. 1870/1871 to co-ordinate the review, which may occur either in the Emergency Department (ED) or on the Birthing Centre

If there are any problems with a review, Emergency Department Staff should contact the Maternity Unit Bleep holder on 216

4.3 Women admitted to a ward/unit outside of maternity

Women admitted to other wards in the hospital must be referred to the on call obstetric registrar via bleep 664. A member of the team will review the woman and document a plan of care in the notes.



These women will be discussed at least daily at handover on the Birthing centre and reviews arranged as required.
A plan of care and appropriate follow up will be arranged on discharge.

4.4 Maternal deaths up to one year following birth

There is a statutory requirement to report all maternal deaths which occur up to one year following birth. Please inform the Maternity bleep holder (216) or the Birthing Centre coordinator if this occurs

5.0 Documentation

Risk assessments, management plans and clinical reviews will be documented in the woman's hand held and hospital records

6.0 Storage of guidelines

The intranet version of this document is the only version that is maintained. Any printed copies must therefore be viewed as "uncontrolled" and as such, may not necessarily contain the latest updates and amendments

7.0 Roles and responsibilities

Midwives and Obstetricians

Have a responsibility to work in collaboration with staff on the general hospital wards and departments, including the Emergency Department to ensure women are reviewed and transferred to the most appropriate area for management and plan of care

Have a responsibility to review women admitted to other departments/wards within the hospital in accordance with agreed plans of care

8.0 Associated documents and references

Cole, MF (2014) A modified early obstetric warning system, *British Journal of Midwifery* V22 (12)

Accessed online <https://www.britishjournalofmidwifery.com/content/professional/a-modified-early-obstetric-warning-system>

MBRRACE-UK. Saving Lives, Improving Mothers care – Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2017-19 November 2021 [online] https://www.npeu.ox.ac.uk/assets/downloads/mbrance-uk/reports/maternal-report-2021/MBRRACE-UK_Maternal_Report_2021_-_FINAL_-_WEB_VERSION.pdf



National Maternity Review. Better births. Improving outcomes of maternity services in England – A five year forward view for maternity care (2016) [online]
www.england.nhs.uk/ourwork/futurenhs/mat-review

9.0 Training and resources

Training will be delivered as outlines in the Maternity Training Needs Analysis. This is updated on an annual basis.

10.0 Monitoring and audit

Any adverse incidents relating to the guideline for admission to the emergency department or areas other than maternity will be monitored via the incident reporting system. Any problems will be actioned via the case review and root cause analysis action plans. The action plans are monitored by the risk midwife to ensure that improvements in care are made. The trends and any root cause analysis are discussed at the monthly risk meetings to ensure that appropriate action has been taken to maintain safety.

The guideline for admission to the emergency department or areas other than maternity will be audited in line with the annual audit programme, as agreed by the CBU. The audit action plan will be reviewed at the monthly risk management meetings on a quarterly basis and monitored by the risk midwife to ensure that improvements in care are made.

11.0 Equality and Diversity

The Trust is committed to an environment that promotes equality and embraces diversity in its performance as an employer and service provider. It will adhere to legal and performance requirements and will mainstream equality, diversity and inclusion principles through its policies, procedures and processes. This guideline should be implemented with due regard to this commitment.

To ensure that the implementation of this guideline does not have an adverse impact in response to the requirements of the Equality Act 2010 this policy has been screened for relevance during the policy development process and a full equality impact assessment is conducted where necessary prior to consultation. The Trust will take remedial action when necessary to address any unexpected or unwarranted disparities and monitor practice to ensure that this policy is fairly implemented.

This guideline can be made available in alternative formats on request including large print, Braille, moon, audio, and different languages. To arrange this please refer to the Trust translation and interpretation policy in the first instance.

The Trust will endeavor to make reasonable adjustments to accommodate any employee/patient with particular equality, diversity and inclusion requirements in implementing this guideline. This may include accessibility of meeting/appointment venues, providing translation, arranging an interpreter to attend appointments/meetings, extending policy timeframes to enable translation to be undertaken, or assistance with formulating any written statements.

11.1 Recording and Monitoring of Equality & Diversity

The Trust understands the business case for equality, diversity and inclusion and will make sure that this is translated into practice. Accordingly, all guidelines will be monitored to ensure their effectiveness.



Monitoring information will be collated, analysed and published on an annual basis as part of Equality Delivery System. The monitoring will cover the nine protected characteristics and will meet statutory employment duties under the Equality Act 2010. Where adverse impact is identified through the monitoring process the Trust will investigate and take corrective action to mitigate and prevent any negative impact.



Appendix 1

This is for all departments that may come into contact with maternity patients and their babies. In the event of an obstetric or neonatal emergency then 2222 is put out followed by stating the type of emergency.





Appendix 2

Equality Impact Assessment – required for policy only

Please refer to Equality Impact Assessment Toolkit – found in Corporate Templates on PC desktop.

For clinical policies use Rapid Equality Impact Assessment Form

For all other policies use Equality Impact Assessment Blank Template

Appendix 3

Glossary of terms

ED – Emergency Department

MOEWS – Modified Obstetric Early Warning Score

SHO – Senior House Officer

Appendix 4 (must always be the last appendix)

Maintain a record of the document history, reviews and key changes made (including versions and dates)

| Version | Date | Comments | Author |
|---------|------------|----------|--------|
| 1. | 01/08/2011 | | |
| 2. | 11/06/2012 | | |
| 3. | 24/04/2017 | | |
| | | | |

Review Process Prior to Ratification:

| Name of Group/Department/Committee | Date |
|---|------------|
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| Approved by CBU 3 Overarching Governance Meeting | 22/03/2023 |
| Approved at Trust Clinical Guidelines Group | N/A |
| Approved at Medicines Management Committee (if document relates to medicines) | N/A |



Trust Approved Documents (policies, clinical guidelines and procedures)

Approval Form

Please complete the following information and attach to your document when submitting a policy, clinical guideline or procedure for approval.

| | |
|--|---|
| Document type (policy, clinical guideline or procedure) | Guideline |
| Document title | Guideline for the management of pregnant/postnatal women attending the Emergency Department/non-maternity ward' |
| Document author (Job title and team) | Jenny Brindley Practice Educator Midwife ED Consultant Obstetricians Midwives |
| New or reviewed document | Reviewed |
| List staff groups/departments consulted with during document development | ED Consultant Obstetric consultants Midwifery team |
| Approval recommended by (meeting and dates): | WB&G 17/03/2023 CBU3 B&G 22/03/2023 |
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| Key messages for staff (consider changes from previous versions and any impact on patient safety) | Importance of using MOEWS for all pregnant/ postnatal women within the Trust |
| I confirm that this is the <u>FINAL</u> version of this document | Name: Jade Carritt Designation: Governance Midwife |

FOR COMPLETION BY THE CLINICAL GOVERNANCE TEAM

| | |
|---|------------------------|
| Approved by (group/committee): | CBU3 Governance |
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