



**Guideline for Admission to Labour Ward enhanced care
 transfer to Intensive Care Unit (ICU)**

Author/Owner	Speciality Registrar/ Consultant Anaesthetist lead for Obstetrics	
Equality Impact Assessment	N/A if clinical guideline or procedure	
Version	4	
Status	Approved	
Publication date	12/07/2022	
Review date	30/06/2025	
Approval recommended by	Maternity guideline group	Date: 07/01/2021
	Women’s Business and Governance Meeting	Date: 17/06/2022
Approved by	CBU 3 Overarching Governance Meeting	Date: 29/06/2022
Distribution	Barnsley Hospital NHS Foundation Trust – intranet Please note that 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	



Table of Contents

	Section heading	Page
1.0	Introduction	
2.0	Objective	
3.0	Scope	
4.0	Main body of the document	
4.1	Inclusion Criteria for admission to enhanced care	
4.2	Management of care on enhanced care	
4.3	Equipment	
4.4	Discharge from enhanced care	
4.5	Inclusion criteria for transfer to Intensive Care Unit	
4.6	Guidance for staff on when to involve clinicians outside of the Maternity Services	
4.7	Requirements of each staff group when transferring women to enhanced care / ICU	
4.8	Maternal transfer to another unit	
5.0	Roles and responsibilities	
5.1	Midwives	
5.2	Obstetric Medical Staff	
5.3	Anaesthetic Medical Staff	
6.0	Associated documents and references	
7.0	Training and resources	
8.0	Monitoring and audit	
9.0	Equality, diversity and inclusion	
9.1	Recording and monitoring of equality, diversity and inclusion	
Appendix 1	Flowchart for admission to Obstetric enhanced care	
Appendix 2	Equality impact assessment – required for policy only	
Appendix 3	Glossary of terms	



1.0 Introduction

Life threatening obstetric emergencies happen infrequently. However, one in twenty maternities have complications that require Level 1 care or higher. High Dependency Care should be available on or near the Labour Ward and be managed by appropriately trained staff. If this is not feasible, women should be transferred to the Intensive Care Unit (ICU). If this is not suitable, she should be transferred to the unit most suited to meeting her needs. In order to manage care appropriately there must be a robust system in place for the assessment and referral to either enhanced care or ICU. The decision of how and where to care for the woman must involve a multi-disciplinary team, including Obstetric, Anaesthetic, Midwifery and Nursing Staff.

Levels of Care

‘Comprehensive Critical Care’ recommended a classification of critical care patients according to clinical need as follows:

Level 0 - Patients whose needs can be met through normal ward care in an acute hospital.

Level 1 - Patients at risk of their condition deteriorating, or those recently relocated from higher levels of care whose needs can be met on an acute ward with additional advice and support from the critical care team.

Level 2 - Patients requiring more detailed observation or intervention including support for a single failing organ system; or postoperative care; or those ‘stepping down’ from Level 3 care.

Level 3 - Patients requiring advanced respiratory support alone; or monitoring and support for two or more organ systems. This level includes all complex patients requiring support for multi-organ failure.

The Labour Ward has the capacity and equipment to care for one High Dependency patient, offering primarily Level 1 care.

2.0 Objective

To ensure that women receive enhanced care or ICU care in the environment most suited to their condition, following assessment by a multi-disciplinary team.

3.0 Scope

All medical, nursing and midwifery staff have a responsibility to work within this guideline and attend training to ensure their competence is maintained. Any deviations from the guideline, by a senior clinician, to meet the individual patient’s need must be documented within the clinical record.



4.0 Main body of the document

4.1 Inclusion Criteria for admission to enhanced care

The conditions managed on the enhanced care are primarily, although not exclusively obstetric by nature and may include:

- Eclampsia, severe pre- eclampsia or any hypertensive patient whose condition is deteriorating
- Diagnosed Haemolysis Elevated Liver Enzymes and Low Platelet count (HELLP) syndrome
- Diagnosed Disseminated Intravascular Coagulation (DIC)
- Haemorrhage causing maternal compromise or ≥ 1500 mls
- Pre-existing maternal disease requiring close monitoring
- Signs of shock or anaphylaxis
- Sepsis
- Deteriorating patient

4.2 Management of care on enhanced care

- The woman will receive one to one care by an appropriately trained member of staff whilst on enhanced care. All registered midwives are able to provide level 1 care to these women and support will be provided by the shift leader. If level 2 enhanced care is required, a multidisciplinary meeting needs to be undertaken to discuss transfer to ICU
- The appropriate High Dependency Chart should be used. Any assessment and treatment plans will be clearly documented on the enhanced care chart by all members of the multi-disciplinary team contributing to the care
- The Acute Response Team may provide care alongside the midwifery staff whilst the woman remains on obstetric enhanced care if deemed appropriate. Women being cared for in enhanced care must be reviewed by the MDT twice daily and any concerns must be escalated to the obstetric consultant
- All women receiving enhanced care need to have an MEaCC (Maternal Enhanced and Critical Care) audit form completed. The optimum time for this is at the bedside during the episode of care. The data is inputted onto the Yorkshire and Humber Clinical Network workspace. All data is anonymous and is used to identify trends and improve care for deteriorating obstetric patients.

Specific additional monitoring may include:

- Fluid balance
- O₂ saturation and Electrocardiogram (ECG) monitoring

Central Venous (CV) lines and arterial lines would not normally be managed on enhanced care, but may be inserted prior to transfer to ICU. In these circumstances, midwives will need extra support/advice from ICU or Anaesthetic staff

4.3 Equipment

All equipment used to monitor women requiring high dependency care has been assessed as fit for purpose and is governed by the Trust's Policy on Medical Device management and/or any recommendations made by the Medicines and Healthcare Products Regulatory



Agency. Equipment, such as ECG and Invasive Haemodynamic monitors are standardised between enhanced care, ICU and Theatre Recovery.

The following equipment is available for use in enhanced care in accordance with OAA 92005 guidelines:

- Non-invasive blood pressure monitor
- ECG monitor
- O₂ saturation monitor
- Invasive haemodynamic monitor
- Temperature monitor
- Oxygen and suction
- Defibrillator
- Blood warmer – *in labour ward theatre recovery*
- Warm air blankets (*main theatre recovery*)
- Portable ECG monitor with the facility to also perform invasive haemodynamic monitoring (*main theatre recovery*)

For intra-unit transfer a portable monitor must be used.

The equipment is checked on a daily basis by the labour ward staff and recovery staff respectively, to ensure that it is available and working. This is signed for on the check sheets in each area.

4.4 Discharge from enhanced care

The decision to transfer from enhanced care to generic care must be made by the multi-disciplinary team and the care plan clearly documented in the case notes.

The decision will take into consideration:

- The woman's needs and wishes. It is essential to include the woman and her partner in the decision-making process
- Staffing levels and skill mix
- Activity levels on the ward areas

The enhanced care discharge summary will be completed and a handover will be given following Guidelines for the Handover of Care.

An Incident form must be completed.

4.5 Inclusion criteria for transfer to Intensive Care Unit

- The woman requires advanced respiratory support
- The woman requires circulatory monitoring and support
- The woman requires neurological monitoring and support
- The woman requires renal support
- The woman requires more intensive management and observation than can be provided on enhanced care

If the MDT team feel the patient's condition is deteriorating the team should liaise with the ICU team.



4.6 Guidance for staff on when to involve clinicians from outside Maternity Services

There are certain clinical conditions where the skills or opinions of clinicians from outside maternity services are required. For example:

- Pulmonary Embolism
- Haemorrhagic shock
- Septic shock
- Eclamptic convulsions leading to coma
- Cerebral vascular accident
- Disseminated Intra-vascular Coagulation
- Hypo/hyperglycaemia
- Acute heart failure
- Pulmonary aspiration of gastric contents
- Anaphylactic or toxic reaction to drugs or allergies
- Amniotic fluid embolism
- Air embolism
- Cardiac arrest

Or a deterioration in the woman's condition that requires Level 2 care or higher.

This list is not exhaustive and individual circumstances should be considered. If guidance from clinicians outside maternity services are required - the review by the clinician should be documented on the enhanced care record.

4.7 Requirements of each staff group when transferring women to enhanced care/ICU and documentation requirements

When a woman requires transfer to enhanced care/ICU, the staff on the clinical area will complete the transfer documentation as follows:

- The Situation Background Assessment Recommendation (SBAR) transfer form

The enhanced care / ICU chart will be commenced on transfer and will be the document used to record further care.

Medical Staff:

- Ensure that the woman is referred to the senior medical/anaesthetic team
- Ensure that the woman fulfils the criteria for transfer to enhanced care/ICU and document the reason for transfer
- Document any referrals to clinicians outside maternity services.

Midwifery Staff:

- Communicate with the Shift leader on labour ward/ ICU to decide on a time for transfer. Document the date and time of transfer.
- Ensure that the patient's records are complete including Modified Obstetric Early Warning Score (MOEWS) chart. Document the reason for transfer to enhanced care/ICU care.
- Assess the woman's condition and determine if any equipment is required to transfer the woman safely to enhanced care/ICU e.g. portable oxygen, ECG monitor.
- Assess staffing levels to determine if further help is required to transfer the woman safely to enhanced care – this may mean re-deploying staff from within the unit or



obtaining help from portering staff. This may include a medical escort to transfer the woman.

4.8 Maternal transfer to another unit

The decision must be made by the multi-disciplinary team consisting of an Obstetric Consultant, Anaesthetic Consultant and senior labour ward staff.

Preparations for transfer:

- A Consultant to Consultant referral is required prior to transfer.
- The shift leader will liaise with the unit the woman is being transferred to and with ambulance control to arrange a time for transfer.
- A referral letter will be completed by medical staff.
- The woman's notes will be photocopied for transfer.
- Complete either the antenatal or postnatal transfer workflow as appropriate in the Electronic Patient Record (EPR).
 - Save a copy as a PDF and send via NHS mail to the receiving hospital
- The midwives transferring the woman must complete the SBAR transfer form and photocopy it prior to transfer:
 - Both copies of the SBAR transfer form must be signed by both the transferring and the receiving midwife once the transfer is complete.
 - One copy is left with the midwife receiving the woman. The other copy is filed in the Barnsley hospital notes.
- Arrangements will be made for medical/anaesthetic cover during the transfer.
- Ambulance control will be contacted directly to arrange a time for transfer in line with the locally agreed policies. When transfers by ambulance are required, the ambulance crew will assist with the transfer and they will complete a standard Patient Report Form detailing the transfer.
- For In-utero transfers contact Embrace and follow regional In-utero transfer guideline.
- The woman or the woman's relatives must be informed of the time of transfer, and destination.
- An incident form must be completed and the Head of Midwifery informed

4.9 Care of the baby

If a mother has been transferred to enhanced care/ICU, staff need to consider the care of the baby. The mother's wishes must to be obtained in relation to care requirements. If parental responsibility has not been confirmed, midwives must liaise with the Safeguarding team regarding the welfare of the baby.

5.0 Roles and responsibilities

5.1 Midwives

- To recognise the warning signs of abnormality and deterioration using the modified obstetric early warning score.
- To contribute to the care planning of a woman requiring enhanced care/ICU care
- To maintain contemporaneous records in the case notes and facilitate an effective handover of care
- To collaborate with the multi-disciplinary team to ensure the safe transfer and management of women requiring enhanced care/ICU care
- If a woman has been transferred to enhanced care/ICU, staff need to consider the care of the baby and the mother's wishes must be obtained in relation to care



requirements. If parental responsibility has not been confirmed to liaise with the Safeguarding team regarding the welfare of the baby.

5.2 Midwifery Support Workers (MSW)

- Midwifery support workers must be able to support the midwife in the provision of enhanced care by assisting with observations on the mother, providing care to the neonate and ensuring basic care needs are met

5.2 Obstetric Medical Staff

- To review the deteriorating woman in a timely fashion and instigate investigations and treatment
- To diagnose conditions and plan further management
- To refer to appropriate specialties and consult appropriate guidelines
- To maintain contemporaneous records in the case notes and facilitate an effective handover of care
- To collaborate with the multi-disciplinary team to ensure the safe transfer and management of women requiring enhanced care/ICU care

5.3 Anaesthetic Medical Staff

- To review the deteriorating woman in a timely fashion and instigate investigations and treatment
- To diagnose conditions and plan further management
- To maintain contemporaneous records in the case notes and facilitate an effective handover of care
- To collaborate with a multi-disciplinary team to ensure the safe transfer and management of women requiring enhanced care/ICU care

6.0 Associated documents and references

References

Intensive Care Society Guidelines for the Introduction of Outreach Services (2002) <https://www.sciencedirect.com/science/article/abs/pii/S0953711203904339>

Report of the National confidential Enquiry into Peri-operative Death (NCEPOD) (2011) report/recommendations. https://www.ncepod.org.uk/2011report2/downloads/POC_summary.pdf

Care of the critically ill woman in childbirth; enhanced maternal care. Royal College of Anaesthetists (RCoA) (2018). <https://www.rcoa.ac.uk/sites/default/files/documents/2019-09/EMC-Guidelines2018.pdf>

The Faculty of Intensive Care Medicine (FICM) Guideline for the provision of Intensive care services (2019). <https://www.ficm.ac.uk/sites/default/files/gpics-v2.pdf>

Ockenden review of emerging findings and recommendations from the independent review of maternity services at the Shrewsbury and Telford hospital NHS trust (2020). <https://www.gov.uk/government/publications/ockenden-review-of-maternity-services-at-shrewsbury-and-telford-hospital-nhs-trust>



7.0 Training and resources

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

8.0 Monitoring and audit

Minimum requirement to be monitored	Process for monitoring e.g. audit	Responsible individual/ group/ committee	Frequency of monitoring	Responsible individual/ group/ committee for review of results	Responsible individual/ group/ committee for development of action plan	Responsible individual/group/ committee for monitoring of action plan and Implementation
Admission to LW enhanced care / transfer to ICU	Audit	Governance midwife/Risk management meeting	Quarterly	Governance midwife/Risk management meeting	Governance midwife/Risk management meeting	Governance midwife/Risk management meeting

Any adverse incidents relating to admission to enhanced care/ICU 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 Governance 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.

(See above table: The guideline for Admission to Labour Ward enhanced care/ transfer to Intensive Care Unit 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).

9.0 Equality and Diversity

This section is mandatory for all Trust Approved Documents and must include the statement below:

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.

9.1 Recording and Monitoring of Equality & Diversity

This section is mandatory for all Trust Approved Documents and must include the statement below:

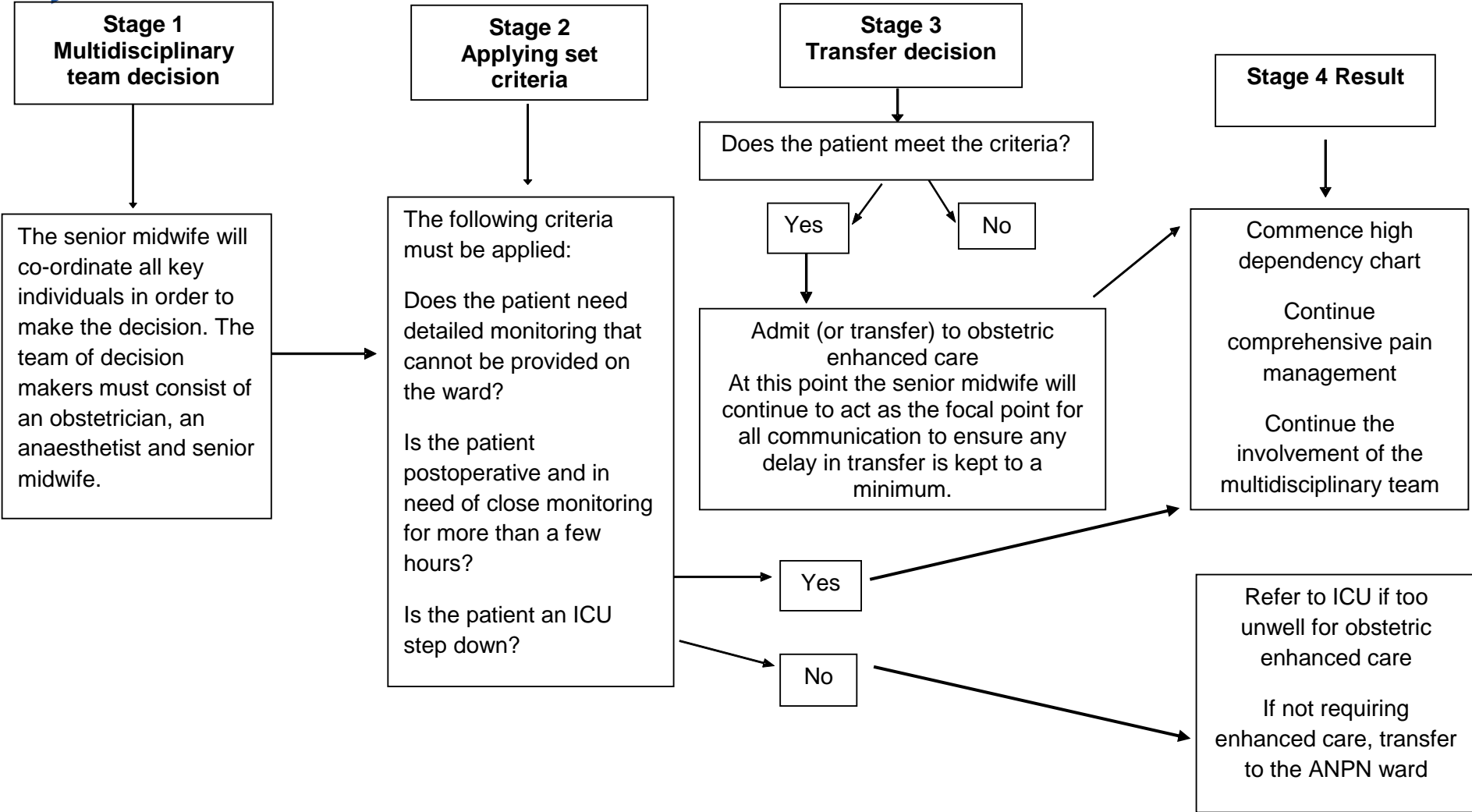
The Trust understands the business case for equality, diversity and inclusion and will make sure that this is translated into practice. Accordingly, all guidelines will be monitored to ensure their effectiveness.

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: Flow chart for admission to enhanced care/ ICU





Appendix 2
Equality Impact Assessment – required for policy only

Appendix 3

Glossary of terms

- CV – Central Venous
- DIC – Disseminated Intravascular Coagulation
- ECG - Electrocardiograph
- HELLP – Haemolysis Elevated Liver enzymes, Low Platelets
- ICU – Intensive Care Unit
- MOEWS – Modified Obstetric Early Warning Score
- ODA – Operating Department Assistant
- SBAR – Situation, background, assessment, recommendation

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	24/5/2017	Reviewed and authorised by Maternity Guideline Group	G Dunning / J Rear-Barton

Review Process Prior to Ratification:

This guideline will be reviewed in three years of authorisation. It may be reviewed within this period if there are any reports, new evidence, guidelines or external standards suggesting that a guideline review is required

Name of Group/Department/Committee	Date
Maternity Guideline Group	07/01/2021
Women’s Business and Governance	17/06/2022
CBU 3 Business and Governance	29/06/2022



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	Admission to Labour Ward enhanced care
Document author (Job title and team)	Speciality Registrar Consultant Anaesthetist lead for Obstetrics BBC Lead Midwife
New or reviewed document	Reviewed
List staff groups/departments consulted with during document development	
Approval recommended by (meeting and dates):	Maternity guideline group Date: 07/01/2021 Women's Business and Governance Meeting: 17/06/2022 CBU 3 Overarching Governance Meeting: 29/06/2022
Date of next review (maximum 3 years)	29/06/2025
Key words for search criteria on intranet (max 10 words)	HDU, high dependency
Key messages for staff (consider changes from previous versions and any impact on patient safety)	
I confirm that this is the <u>FINAL</u> version of this document	Name: Molly Claydon Designation: Governance Support Co-ordinator

FOR COMPLETION BY THE CLINICAL GOVERNANCE TEAM

Approved by (group/committee):	CBU3 governance meeting
Date approved:	29/06/2022
Date Clinical Governance Administrator informed of approval:	07/07/2022
Date uploaded to Trust Approved Documents page:	12/07/2022