Summary 1: Pregnant Women attending ED

Pregnant woman attending ED. This excludes minor injuries. Important information to establish is gestation and vital signs

Yes

Initial resuscitation required

Initiate resuscitation
Call Obstetric Registrar
Call Neonatal Registrar if delivery of a viable baby is anticipated

No

Initial assessment and treatment by ED staff.
Inform Obstetric registrar of admission to ED.

Alert: Must be seen by the obstetric team prior to discharge
Trauma – any injury to abdomen, RTA, fall/collapse, Suspected physical domestic abuse, assault victims, any pregnant woman with mental ill health.
(NB: blood group must be known, to ascertain need for Anti D)

Alert: All maternal deaths must be notified to the Obstetric Consultant on call. This is all deaths occurring in pregnancy, or within 1 year of pregnancy, whether related to the pregnancy or not.
SUMMARY 2: Pregnant/Delivered Women (up to and including 42 days after delivery of a baby irrespective of gestation) admitted to Acute Ward

Nurse or Doctor will inform the Obstetric team on call and Delivery Suite coordinator X 2361

Obstetric Team
Develop: Plan of Care in conjunction with Speciality Medical Team

Delivery Suite Coordinator
To log admission on the white board on Delivery Suite
Advise Obstetric team on-call & inform Community Midwife when appropriate

Delivery Suite Coordinator
To allocate a midwife to provide midwifery support as required
1. **Aim/Purpose of this Guideline**

1.1. To give guidance to staff in ED or the acute hospital on when to call for an obstetric/gynaecological opinion in a pregnant or post-partum woman, and to give guidance to Midwives and Obstetricians on when they should provide an obstetric/midwifery opinion.

2. **The Guidance**

2.1. Pregnant women booked for delivery with the Royal Cornwall Hospital NHS Trust (RCHT) are advised to contact the Delivery Suite, Birth Centre or Community Midwife whenever possible, if they have any symptoms/problems related to the pregnancy that concerns them.

If any pregnant woman, irrespective of booking status, presents following an accident/injury, domestic violence or with a medical problem or suspected pregnancy problem:

- The woman should be assessed initially by ED staff and appropriate measures taken
- The woman’s blood group must be identified to ascertain need for Anti D

2.2. **Imminent Birth**

- If a birth appears imminent, appropriately trained staff should attend ED immediately
- An Obstetric Registrar should be contacted by switchboard and a midwife contacted via Delivery Suite x 2361 & 2365

2.3. **Woman Requiring Admission to Intensive Care Unit or Critical Care Unit (CCU)**

- Inform the Obstetric Registrar immediately
- The Obstetric Registrar will review the woman and inform the Obstetric Consultant on-call

2.4. **Pregnancy Related Problems**

- **SUMMARY 1** should be implemented for all pregnant women attending ED
- When a pregnant woman presents acutely ill, this could be a manifestation of a complication of pregnancy, therefore consultation with an Obstetric Registrar is essential and should be sought in all cases
- Careful assessment of the pregnancy should be undertaken even if the woman is presenting with apparent non-pregnancy related problems
- **SUMMARY 2** should be implemented for all pregnant women admitted to an acute ward
- A senior member of the obstetric team **must** visit any sick pregnant or newly delivered woman, who is an inpatient

2.5. **Discharge of Pregnant or Recently Delivered Women**

- Contact the Delivery Suite Coordinator x 2361 with the on-going plan
- The Delivery Suite Coordinator will inform the Community Midwife

2.6. **Women not booked to deliver with RCHT**
• It is the responsibility of the Delivery Suite Coordinator to arrange booking, if appropriate, of any unbooked woman

2.7. Road Traffic Accident (RTA)
• Any pregnant woman involved in an RTA, however minor, must have an assessment of fetal well-being by a Midwife and/or an Obstetrician

2.8. Postnatal Period (up to and including 42 days after delivery of a baby irrespective of gestation)
• If the woman has symptoms of a well-recognised postnatal complication, e.g. thrombosis/ Postpartum Haemorrhage (PPH) the Obstetric Registrar on call should be informed
• The Obstetric Registrar may review the woman in the ED Department, request that the woman be transferred to the Maternity Department or advise appropriate action over the telephone
• A woman should only be transferred to the maternity department once stable and after any resuscitation has taken place

2.9. Maternal Death
• A maternal death is defined as a woman dying during pregnancy, or within 1 year of birth, termination of pregnancy or miscarriage (MBRRACE 2014)
• It is a Trust and statutory requirement to report all Maternal Deaths up to 1 year following birth, irrespective of the reason for death
• The Consultant Obstetrician and the On Call Supervisor of Midwives should be informed, this should occur as soon as possible following the death

2.10. Documentation
• Documentation of any obstetric or midwifery review in ED or another ward in the acute hospital should be contemporaneously written within the notes of her on-going care, e.g. ED documentation and CCU documentation
• A summary of the episode of care should be documented in the woman’s hand held notes
• Any sick pregnant woman who is an inpatient in the acute hospital will be added to the Delivery Suite white board and a daily update recorded
### 3. Monitoring compliance and effectiveness

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>The audit will take into account record keeping by Obstetricians and Midwives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead</td>
<td>Maternity Risk Management Midwife</td>
</tr>
</tbody>
</table>
| Tool                    | • If the woman admitted to ED was >18 weeks gestation was it documented that either on call Obstetrician or Delivery Suite Coordinator was informed  
                          • If a pregnant woman was admitted with trauma, was an obstetric/midwifery review undertaken  
                          • Was a blood group ascertained  
                          • If a pregnant or newly delivered woman was admitted to CCU was a review by the on call Obstetric Registrar undertaken and the on call consultant informed  
                          • If a sick pregnant/ newly delivered woman was admitted to an acute ward was a review by the obstetric team undertaken |
| Frequency               | • All health records of pregnant women who have been seen in the ED or have been admitted to a non-obstetric care setting in the hospital with a non-obstetric problem, will be audited over the lifetime of this guideline |
| Reporting arrangements  | • Maternity Risk Management Forum or Clinical Audit Forum                       |
| Acting on recommendations and Lead(s) | • Any deficiencies identified on the report will be discussed at the Maternity Risk Management/Clinical Audit Forum and an action plan developed  
                          • Action leads will be identified and a time frame for the action to be completed  
                          • The action plan will be monitored by the Maternity Risk Management Forum |
| Change in practice and lessons to be shared | • Risk Management Newsletter |

### 4. Equality and Diversity

4.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the or the [Equality and Diversity website](#).

4.2. **Equality Impact Assessment**

The Initial Equality Impact Assessment Screening Form is at Appendix 2.
# Appendix 1. Governance Information

<table>
<thead>
<tr>
<th>Document Title</th>
<th>ADMISSION TO THE EMERGENCY DEPARTMENT (ED) OR ANY ACUTE WARD FOR PREGNANT/POST PARTUM WOMEN – CLINICAL GUIDELINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Issued/Approved:</td>
<td>20th October 2015</td>
</tr>
<tr>
<td>Date Valid From:</td>
<td>31st October 2015</td>
</tr>
<tr>
<td>Date Valid To:</td>
<td>31st October 2018</td>
</tr>
</tbody>
</table>
| Directorate / Department responsible (author/owner): | Elizabeth Anderson  
Practice Development Midwife  
Obs & Gynae Department |
| Contact details: | 01872-252879                                                                                               |
| Brief summary of contents | To give guidance to staff in ED or the acute hospital on when to call for an obstetric/gynaecological opinion in a pregnant or post-partum woman, and to give guidance to Midwives and Obstetricians on when they should provide an obstetric/midwifery opinion |
| Suggested Keywords: | Pregnant, woman, emergency, ED, department, CCU, HDU, maternity, admission, acute, Tolgus, birth |
| Target Audience | RCHT  
PCH  
CFT  
KCCG |
| Executive Director responsible for Policy: | Medical Director                                                                                       |
| Date revised: | 20th October 2015                                                                                           |
| This document replaces (exact title of previous version): | Clinical guideline for pregnant/newly delivered woman attending the emergency department (ED) or admission to any acute ward. |
| Approval route (names of committees)/consultation: | Maternity Guideline Group  
RCHT Resus Committee  
Obs and Gynaec Directorate  
Divisional Board for noting |
| Divisional Manager confirming approval processes | Head of Midwifery                                                                                           |
Name and Post Title of additional signatories: Not Required

Name and Signature of Divisional/Directorate Governance Lead confirming approval by specialty and divisional management meetings: {Original Copy Signed}
Name: Helen Ross-McGill

Signature of Executive Director giving approval: {Original Copy Signed}

Publication Location (refer to Policy on Policies – Approvals and Ratification): Internet & Intranet ✔ Intranet Only

Document Library Folder/Sub Folder: Clinical/Midwifery & Obstetrics


Training Need Identified?: No

Version Control Table

<table>
<thead>
<tr>
<th>Date</th>
<th>Version No</th>
<th>Summary of Changes</th>
<th>Changes Made by (Name and Job Title)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feb 2010</td>
<td>V1.0</td>
<td>Initial Issue</td>
<td>Helen Ross-McGill Maternity Services</td>
</tr>
<tr>
<td>September 2012</td>
<td>V1.2</td>
<td>Review and compliance monitoring added</td>
<td>Jan Clarkson Maternity Services</td>
</tr>
<tr>
<td>20th October 2015</td>
<td>V1.3</td>
<td>Updated in line with MBRRACE 2014 Report</td>
<td>Elizabeth Anderson Practice Development Midwife</td>
</tr>
</tbody>
</table>

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.

This document is only valid on the day of printing

Controlled Document
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ADMISSION TO THE EMERGNECY DEPARTMENT (ED) OR ANY ACUTE WARD FOR PREGNANT/ POST PARTUM WOMEN - CLINICAL GUIDELINE
Appendix 2. Initial Equality Impact Assessment Form

<table>
<thead>
<tr>
<th>Name of Name of the strategy / policy / proposal / service function to be assessed (hereafter referred to as policy) (Provide brief description):</th>
<th>ADMISSION TO THE EMERGENCY DEPARTMENT (ED) OR ANY ACUTE WARD FOR PREGNANT/POSTPARTUM WOMEN – CLINICAL GUIDELINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Directorate and service area:</td>
<td>Is this a new or existing Policy?</td>
</tr>
<tr>
<td>Obs &amp; Gynae Directorate</td>
<td>Existing</td>
</tr>
<tr>
<td>Name of individual completing assessment:</td>
<td>Telephone:</td>
</tr>
<tr>
<td>Elizabeth Anderson</td>
<td>01872-252879</td>
</tr>
</tbody>
</table>

1. Policy Aim*  
Who is the strategy / policy / proposal / service function aimed at?  
To give guidance to staff in ED or the acute hospital, when caring for a pregnant or newly delivered woman, upon when to call for an obstetric review

2. Policy Objectives*  
To ensure all pregnant or newly delivered women admitted to ED or the acute ward receive a review from an Senior Obstetrician

3. Policy – intended Outcomes*  
Improved patient experience and safe provision of care of a pregnant or newly delivered woman being cared for outside Delivery Suite

4. *How will you measure the outcome?  
Compliance Monitoring Tool

5. Who is intended to benefit from the policy?  
All Pregnant women

6a) Is consultation required with the workforce, equality groups, local interest groups etc. around this policy?  
No

6b) If yes, have these *groups been consulted?  
N/A

6c) Please list any groups who have been consulted about this procedure.  
N/A

7. The Impact  
Please complete the following table.

<table>
<thead>
<tr>
<th>Equality Strands:</th>
<th>Yes</th>
<th>No</th>
<th>Rationale for Assessment / Existing Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>X</td>
<td></td>
<td>All pregnant women admitted to ED or the acute ward</td>
</tr>
</tbody>
</table>

ADMISSION TO THE EMERGENCY DEPARTMENT (ED) OR ANY ACUTE WARD FOR PREGNANT/ POST PARTUM WOMEN - CLINICAL GUIDELINE
<table>
<thead>
<tr>
<th>Category</th>
<th>Ticked</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex (male, female, trans-gender / gender reassignment)</td>
<td>X</td>
<td>All pregnant women admitted to ED or the acute ward</td>
</tr>
<tr>
<td>Race / Ethnic communities /groups</td>
<td>X</td>
<td>All pregnant women admitted to ED or the acute ward</td>
</tr>
<tr>
<td>Disability - Learning disability, physical disability, sensory impairment and mental health problems</td>
<td>X</td>
<td>All pregnant women admitted to ED or the acute ward</td>
</tr>
<tr>
<td>Religion / other beliefs</td>
<td>X</td>
<td>All pregnant women admitted to ED or the acute ward</td>
</tr>
<tr>
<td>Marriage and civil partnership</td>
<td>X</td>
<td>All pregnant women admitted to ED or the acute ward</td>
</tr>
<tr>
<td>Pregnancy and maternity</td>
<td>X</td>
<td>All pregnant women admitted to ED or the acute ward</td>
</tr>
<tr>
<td>Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian</td>
<td>X</td>
<td>All pregnant women admitted to ED or the acute ward</td>
</tr>
</tbody>
</table>

You will need to continue to a full Equality Impact Assessment if the following have been highlighted:

- You have ticked “Yes” in any column above and
- No consultation or evidence of there being consultation - this excludes any policies which have been identified as not requiring consultation. or
- Major service redesign or development

8. Please indicate if a full equality analysis is recommended.  Yes  No  X

9. If you are not recommending a Full Impact assessment please explain why.

N/A

Signature of policy developer / lead manager / director  
Elizabeth Anderson  
Date of completion and submission  
20th October 2015

Names and signatures of members carrying out the Screening Assessment  
1. Elizabeth Anderson  
2.

Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead,  
c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa,  
Truro, Cornwall, TR1 3HD

A summary of the results will be published on the Trust’s web site.

Signed: Elizabeth Anderson  
Date: 20th October 2015

ADMISSION TO THE EMERGENCY DEPARTMENT (ED) OR ANY ACUTE WARD FOR PREGNANT/ POST PARTUM WOMEN - CLINICAL GUIDELINE