ADMISSION OF AN OBSTETRIC WOMAN TO DELIVERY SUITE AND INITIAL LABOUR ASSESSMENT IN ALL CARE SETTINGS - CLINICAL GUIDELINE

1. Aim/Purpose of this Guideline
This guideline applies to all midwives and maternity support workers admitting women to delivery suite and providing an initial assessment of labour in all care settings.

2. The Guidance
2.1. Telephone Triage
It is the role of the midwife taking the phone call to advise the woman on whether she is suitable to remain at home for longer (advice should include when to call back), whether she requires assessment by the on call Community Midwife or hospital assessment, either on delivery suite, Day Assessment Unit (DAU), the Antenatal ward or Penrice Birth Centre. Advice should also be given on the urgency for admission and the most suitable method of transport.

2.2. Triage Information Required
Using the Maternity Telephone Triage Assessment Record the midwife must document the date and time of the call, the woman’s name, hospital number and her location at the time of the telephone conversation. Document who is making the telephone call and if possible speak to the woman herself. The midwife will use SBARD, to systematically assess the woman’s needs and to recommend appropriate advice/ action required. The midwife must sign the entry and print her name alongside her signature.

2.3. Triage Questions
The midwife will use the Triage Assessment Record to establish the Situation, Background, and Assessment described by the person on the telephone. This information will dictate the Recommendation made by the midwife and Decision (e.g. plan of care, as described in Section 2.1)
Refer, also, to the RCHT Latent phase of Labour – Clinical Guideline
If the woman stays at home and telephones again, this assessment is then documented on her Triage Assessment Record, again using SBARD. If she rings for a third time, she must be invited in to Delivery Suite, Antenatal ward, DAU or Penrice Birth Centre.

2.4. Preparing for Admission to Delivery Suite
If the advice is that the woman should come to Delivery Suite the midwife will remind the woman to bring her hand held maternity notes and overnight bag. The midwife must inform the Delivery Suite Coordinator-who will allocate a named midwife, allocate a room for the woman and write the woman’s name on the white board indicating admission pending.
2.5. **Request the Woman's Medical Records**
Either the Delivery Suite ward clerk or a member of the Delivery Suite team will obtain the woman’s medical records, by checking the tracer system and either collecting the medical records if located in the unit or requesting delivery if elsewhere in the hospital. Medical records must be traced on arrival on Delivery Suite; they must be securely placed in the locked notes trolley.
If medical records are unavailable, a (pink) temporary folder may be raised, their medical records must be obtained and amalgamated with the temporary medical records as soon as possible.

2.6. **Risk Folders**
The allocated midwife will read through the medical notes and check the risk folders for any previously identified risk factors and management plans. These may be neonatal, obstetric, anaesthetic, social, or safeguarding factors.
The allocated midwife must document in the woman’s notes that she has completed this check.
A copy of any neonatal management plan must be filed in the neonatal notes as well as the maternal notes. It must be clearly identified on the admission proforma that there is a management plan in place.
Safeguarding paperwork must not be filed within the mother’s notes.
Consideration must also be given to any risk criteria which will require screening or isolation according to RCHT Infection Prevention and Control guidelines.

2.7. **Electronic Patient Board**
The Delivery Suite Electronic Patient Board provides a live overview of all patients on Delivery Suite. Expected admissions and potential transfers from other clinical areas within the unit are written on the alongside white board. The woman’s name, parity, gestation and the allocated midwives name is written beside the room number, include the reason and source of admission.
The Electronic Patient Board should be completed on the woman’s arrival and updated at the point of each labour assessment, or change in the management plan.

2.8. **Preparing Notes for Admission**
The allocated midwife will read the woman’s main medical notes and will then prepare:
- Woman’s identification wristband, in accordance with RCHT Positive Patient Identification Guideline
- Ensure there is an adequate supply of sticky identity labels to secure a label to each page in her Maternity Records and for any additional forms required
- Review Pathology results on MAXIMS
- Print any diagnostic forms for tests that are anticipated

2.9. **Risk Factors**
If any risk factors have been identified during any of the preparation stages, they must be documented on the Electronic Patient Board, the Delivery Suite Coordinator should be informed and a decision made as to whether obstetric, anaesthetic or neonatal staff should be informed or be present for the woman’s arrival on delivery suite.
2.10. Preparing the Room
- The room should be as welcoming as possible, avoiding any unnecessary equipment.
- The room will be allocated depending on any risk factors present. Rooms 7, 10, 11 should be allocated when increased intervention and/or equipment is anticipated.

2.11. Clinical Risk Assessment and Individual Management Plan in all Birth Settings
A full history taking and maternal and fetal assessment should be carried out during the initial contact with the woman, and documented on the labour assessment/admission proforma. This should include:
- Date and time of admission
- Source of admission
- Presenting history
- Obstetric history to be considered
- Medical conditions to be considered
- Anaesthetic conditions to be considered
- If the woman will decline blood products
- Document that risk folders have been checked and any associated plans
- BMI
- Blood group and rhesus factor
- Date and result of last haemoglobin
- Allergies
- Pressure Ulcer Risk Assessment
- Thromboembolic risk factors
- Manual handling assessment
- Birth preferences

2.12. Physical Assessment
- Contractions – including frequency, how painful and establish when regular, painful contractions commenced
- If there has been Spontaneous Rupture of Membranes (SROM) or if SROM has been suspected, establish the time this occurred, and assess the colour of the liquor, clear, meconium stained or blood stained
- Any vaginal bleeding – is it a “show”, fresh blood? If the latter, is she still bleeding? Approximate blood loss. Is it pain related? Is the pain constant?
- Fetal movements, are they normal, are they reduced / excessive or absent? If absent, how long since fetal movements were last felt? Have there been any previous admissions for reduced fetal movements?
- Temperature, pulse, blood pressure and urinalysis
- Abdominal palpation: include symphysis fundal height measurement, lie, presentation, position and station
- Palpate the strength of contractions if present
- Auscultate the fetal heart with a pinard, the maternal pulse should be palpated simultaneously to differentiate between the two heart rates
- Auscultate the fetal heart for one minute (after a contraction if the patient is in labour). The method of fetal surveillance will be planned according to the individual assessed risk and maternal choice.
- A cardiotocograph (CTG) is not indicated for low risk women as part of the initial assessment
- Depending upon the history, a vaginal examination may be performed to confirm the diagnosis of labour
- The midwife should explain the findings of any examination to the woman and her birth partner and any impact these findings may have on her Birth Plan
- If any new or existing risk factors are identified during the risk assessment on delivery suite, the Electronic Patient Board should be updated, the Delivery Ssuite coordinator informed and the Obstetrician, Anaesthetist or Neonatologist should be informed if appropriate
- The team responsible for the woman’s care should agree an individual management plan; the person leading the care should document the individual management plan, including the next planned review, in the woman’s intrapartum records. All plans should be discussed with the woman and her birth companion.
- If the woman presents with an obstetric emergency or in advanced labour, a verbal history of events and any risk factors can be taken from the woman or her birth partner and priority given to providing clinical care. However, a full notes review should take place as soon as possible to ensure all risk factors have been considered.
- Do not administer Syntometrine or Ergometrine unless there has been an opportunity to take the woman’s blood pressure in labour

2.13. Handover of Care from Intrapartum Care at Home/birth Centre Setting
- A clinical risk assessment should be completed for all women receiving intrapartum care either in Delivery Suite, birth centres or home
- If existing or new risk factors are identified during the clinical risk assessment, the midwife must consider the suitability of continuing care in the community setting
- Decisions for transfer of care are based on clinical findings; the midwife should discuss the options with the woman and her birth companion
- If the decision is made to transfer care, the midwife attending the labour will contact the ambulance service and the Delivery Suite coordinator. The coordinator will alert the relevant healthcare professionals e.g. Obstetrician, Anaesthetist or Neonatologist.
- A Community Transfer Audit form must be completed
- The systematic SBARD approach is used during this handover; the completed sticker is placed on the reverse of the Community Transfer Audit form

2.14. Documentation
- The handing over midwife must document the handover of care using the Community Transfer Form
- The receiving midwife must document the receiving of care using the Community Transfer Form
3. Monitoring compliance and effectiveness

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>• The audit will take into account record keeping by Obstetric, Anaesthetic and Neonatal doctors, Midwives, Nurses, Students and Maternity Support Workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead</td>
<td>• Maternity Risk Management Midwife</td>
</tr>
</tbody>
</table>
| Tool                    | • Was the place of initial assessment documented  
• Was the woman presenting in advanced labour or as an obstetric emergency  
• Was a Clinical Risk Assessment for labour completed at initial contact  
• Were all existing risks recorded on the Clinical Risk Assessment  
• Was there an individual management plan documented on the Clinical Risk Assessment  
• If a risk factor was identified, was there documentation to support this  
• If a patient required a referral was the outcome of the referral and a plan documented |
| Frequency               | • Once during the 3 year lifetime of this guideline or earlier if indicated.                                                                                                                         |
| Reporting arrangements  | • A formal report of the results will be received at the Maternity Risk Management or Clinical Audit Forum, as per the audit plan  
• During the process of the audit if compliance is below 75% or other deficiencies identified, this will be highlighted at the next Maternity Risk Management Forum or Clinical Audit Forum and an action plan agreed |
| Acting on recommendations and Lead(s) | • Any deficiencies identified on the annual report will be discussed at the Maternity Risk Management Forum or Clinical Audit Forum and an action plan developed  
• Action leads will be identified and a time frame for the action to be completed by  
• The action plan will be monitored by the Maternity Risk Management Forum or Clinical Audit Forum until all actions complete |
| Change in practice and lessons to be shared | • Required changes to practice will be identified and actioned within a time frame agreed on the action plan  
• A lead member of the forum will be identified to take each change forward where appropriate  
• The results of the audits will be distributed to all staff through the Risk Management Newsletter and Clinical Audit Forum as per the action plan |

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 'Equality, Diversity & Human Rights Policy' 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 OF AN OBSTETRIC WOMAN TO DELIVERY SUITE AND INITIAL LABOUR ASSESSMENT IN ALL CARE SETTINGS – CLINICAL GUIDELINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Issued/Approved:</td>
<td>20&lt;sup&gt;th&lt;/sup&gt; October 2015</td>
</tr>
<tr>
<td>Date Valid From:</td>
<td>31&lt;sup&gt;st&lt;/sup&gt; October 2015</td>
</tr>
<tr>
<td>Date Valid To:</td>
<td>31&lt;sup&gt;st&lt;/sup&gt; October 2018</td>
</tr>
</tbody>
</table>
| Directorate / Department responsible (author/owner): | Sally Budgen  
Delivery Suite Coordinator  
Obs and Gynae Directorate |
| Contact details: | 01872 252361 |
| Brief summary of contents | Guidance to all midwives on the process for admission of a woman to Delivery Suite and initial labour assessment in all care settings |
| Suggested Keywords: | Labour, admission, delivery, assessment, triage, SBARD, electronic, white, board |
| Target Audience | RCHT  
PCH  
CFT  
KCCG |
| Executive Director responsible for Policy: | Medical Director |
| Date revised: | 20<sup>th</sup> October 2015 |
| This document replaces (exact title of previous version): | CLINICAL GUIDELINE FOR ADMISSION OF AN OBSTETRIC WOMAN TO DELIVERY SUITE AND INITIAL LABOUR ASSESSMENT IN ALL CARE SETTINGS |
| Approval route (names of committees)/consultation: | Maternity Guidelines Group  
Obs and Gynae Directorate Meeting  
Divisional Board for noting |
| Divisional Manager confirming approval processes | Head of Midwifery |
| Name and Post Title of additional signatories | Not Required |
| Signature of Executive Director giving approval | {Original Copy Signed} |
| Publication Location (refer to Policy on Policies – Approvals and Ratification): | Internet & Intranet  
✓ Intranet Only |
Related Documents/ References.

- Intrapartum Care CG190 (2014) Care of Healthy Women and their Babies during Childbirth. NICE

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>June 2006</td>
<td>V1.0</td>
<td>Initial document</td>
<td>Sally Budgen Delivery Suite Coordinator</td>
</tr>
<tr>
<td>June 2006</td>
<td>V1.1</td>
<td>Updated</td>
<td>Sally Budgen Delivery Suite Coordinator</td>
</tr>
<tr>
<td>October 2010</td>
<td>V1.2</td>
<td>Update to meet CNST requirements</td>
<td>Sally Budgen Delivery Suite Coordinator</td>
</tr>
<tr>
<td>May 2012</td>
<td>V1.3</td>
<td>Compliance monitoring added</td>
<td>Sally Budgen Delivery Suite Coordinator</td>
</tr>
<tr>
<td>September 2012</td>
<td>V1.4</td>
<td>Changes to compliance monitoring only</td>
<td>Jan Clarkson Maternity Risk Manager</td>
</tr>
<tr>
<td>20th September 2015</td>
<td>V1.5</td>
<td>Inclusion of: Maternity Telephone Triage Assessment Record, SBARD as method of communication, to lock hand held health records in notes trolley and other minor changes in line with new hand held maternity notes</td>
<td>Sally Budgen Delivery Suite Coordinator</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.
### Appendix 2. Initial Equality Impact Assessment Form

<table>
<thead>
<tr>
<th>Name of the strategy / policy / proposal / service function to be assessed (hereafter referred to as <em>policy</em>)</th>
<th>Provide brief description: ADMISSION OF AN OBSTETRIC WOMAN TO DELIVERY SUITE AN INITIAL LABOUR ASSESSMENT IN ALL CARE SETTINGS – CLINICAL GUIDELINE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Directorate and service area:</strong></td>
<td><strong>Is this a new or existing Policy?</strong></td>
</tr>
<tr>
<td>Obs and Gynae Directorate</td>
<td>Existing</td>
</tr>
<tr>
<td><strong>Name of individual completing assessment:</strong></td>
<td><strong>Telephone:</strong></td>
</tr>
<tr>
<td>Elizabeth Anderson</td>
<td>01872 252270</td>
</tr>
</tbody>
</table>

#### 1. Policy Aim*

Who is the strategy / policy / proposal / service function aimed at?

- To ensure that all midwives are aware of the admission process to Delivery Suite and how to undertake an initial labour assessment in all care settings.

#### 2. Policy Objectives*

To ensure that women admitted to Delivery Suite are risk assessed and those with risk factors or complications are identified, appropriately referred, and have a clear management plan.

#### 3. Policy – intended Outcomes*

Safe management for women presenting in labour.

#### 4. *How will you measure the outcome?*

- Compliance Monitoring Tool

#### 5. Who is intended to benefit from the policy?

All women presenting in labour.

#### 6a) Is consultation required with the workforce, equality groups, local interest groups etc, around this policy?

- No

#### b) If yes, have these *groups been consulted?

- N/A

#### C). 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>Are there concerns that the policy could have differential impact on:</th>
<th>Yes</th>
<th>No</th>
<th>Rationale for Assessment / Existing Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Equality Strands:</strong></td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Age</td>
<td>X</td>
<td>All pregnant women in labour</td>
<td></td>
</tr>
<tr>
<td>-----</td>
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<td>------------------------------</td>
<td></td>
</tr>
<tr>
<td>Sex (male, female, transgender / gender reassignment)</td>
<td>X</td>
<td>All pregnant women in labour</td>
<td></td>
</tr>
<tr>
<td>Race / Ethnic communities / groups</td>
<td>X</td>
<td>All pregnant women in labour</td>
<td></td>
</tr>
<tr>
<td>Disability - learning disability, physical disability, sensory impairment and mental health problems</td>
<td>X</td>
<td>All pregnant women in labour</td>
<td></td>
</tr>
<tr>
<td>Religion / other beliefs</td>
<td>X</td>
<td>All pregnant women in labour</td>
<td></td>
</tr>
<tr>
<td>Marriage and civil partnership</td>
<td>X</td>
<td>All pregnant women in labour</td>
<td></td>
</tr>
<tr>
<td>Pregnancy and maternity</td>
<td>X</td>
<td>All pregnant women in labour</td>
<td></td>
</tr>
<tr>
<td>Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian</td>
<td>X</td>
<td>All pregnant women in labour</td>
<td></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.  
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

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

N/A

Signature of policy developer / lead manager / director
Sally Budgen

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