

Maternal Medicine Pathway Standard Operating Procedure

V2.0

July 2024

Table of Contents

1. Introduction	4
2. Purpose of this Standard Operating Procedure	4
3. Ownership and Responsibilities.....	4
3.1. Role of lead Consultant Obstetrician.....	5
3.2. Role of the Managers.....	5
3.3. Role of Individual Staff	5
4. Standards and Practice	5
4.3. Location of Care.....	6
4.4. Multi-disciplinary communication and care planning that works effectively for the woman and her family will include:	6
4.5. Discharge planning for women from Maternity services will include:.....	6
4.6. Referral pathways can take place via any of the following routes	6
4.7. Criteria for Maternal Medicine Clinic	7
5. Dissemination and Implementation.....	9
6. Monitoring compliance and effectiveness	9
7. Updating and Review.....	10
8. Equality and Diversity	10
Appendix 1. Governance Information	11
Appendix 2. Equality Impact Assessment.....	13
Appendix 3. Maternal Cardiology Criteria and Pathway.....	16
Appendix 4. Infectious diseases Criteria and Pathway	17
Appendix 5. Renal and Liver Criteria and Pathway.....	18
Appendix 6. Rheumatology / Gastroenterology Criteria and Pathway	19
Appendix 7. Complex Mental Health Criteria and Pathway.....	20
Appendix 8. Respiratory Criteria and Pathway	21
Appendix 9. Neurology Criteria and Pathway	22
Appendix 10. Haematology Criteria and Pathway.....	23

Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

1. Introduction

- 1.1. This document sets out guidance for pregnant or postpartum women requiring care in a speciality other than Maternity services who require care within a maternal medicine clinic. The needs of the maternity population are multiple, changing, and complex and good multi-disciplinary communication is essential for effective and coordinated care. Women are entering pregnancy with more pre-existing mental and physical health disorders, as well as complex social challenges. Unless care is carefully coordinated across relevant teams, these additional problems inevitably lead to more difficult pregnancies and postnatal outcomes (MBRRACE, 2017).
- 1.2. Management of pregnant or postpartum women with complex medical problems involving multiple specialities requires clear leadership from the Consultant Obstetrician and Physician in addition to the named midwife (operationally this may be the named midwife for the shift in lieu of the named midwife for pregnancy care pathway) to ensure effective communication and co-ordination of clinical care including liaising with anaesthetists, other physicians and all other professionals who need to be involved in the care of these women (MBRRACE, 2017).
- 1.3. This document makes recommendations for women and people who are pregnant. For simplicity of language the guideline uses the term women throughout, but this should be taken to also include people who do not identify as women but who are pregnant, in labour and in the postnatal period. When discussing with a person who does not identify as a woman, please ask them their preferred pronouns, and then ensure this is clearly documented in their notes to inform all health care professionals.
- 1.4. This version supersedes any previous versions of this document.

2. Purpose of this Standard Operating Procedure

To ensure that pregnant or postpartum women requiring care within another speciality are managed effectively with appropriate specialities communicating and working together. To minimise the risks to women who in addition to being pregnant, or having recently given birth, have medical, surgical, or mental health needs that require multi-disciplinary and/or complex levels of clinical care.

3. Ownership and Responsibilities

This Standard Operating Procedure (SOP) relates to all members of the multidisciplinary team involved in care of pregnant or postpartum women requiring care in a speciality other than Maternity Services. Complex cases may require joint care alongside the Maternal Medicine Network.

3.1. **Role of lead Consultant Obstetrician**

The lead Consultant is responsible for:

- Ensuring women receive a maternal medicine referral in a clinically appropriate timeframe.
- Ensuring appropriate referral to specialist services.
- Ensuring appropriate referral to Maternal Medicine Network via 'refer a patient'.

3.2. **Role of the Managers**

Line managers are responsible for:

- Ensuring this procedure is followed and staff members have access to training as required.
- Ensuring staff receive appropriate training.
- Support the maternal medicine clinic when additional support or adjustments may be required to ensure appropriate and individualised care can be provided.

3.3. **Role of Individual Staff**

All staff members are responsible for:

- Ensuring they are familiar with this policy and all other policies linked to this policy.
- Ensuring understanding of referral criteria and referral to maternal medicine clinic when appropriate.

4. **Standards and Practice**

- 4.1. A maternal medicine appointment with the Consultant should take place within a clinically appropriate timeframe. Individualised care is provided depending on physical and emotional need and whether deterioration is noted in pregnancy and complex cases may require joint care alongside the Maternal Medicine Network. Care under any specialist team and/or the maternal medicine network is to be additional to routine midwifery care. (Please see flow charts within the attached appendices for further detail).
- 4.2. Women who are pregnant, or have recently given birth, requiring care in a speciality other than Maternity services will have specific needs in relation to:
 - Keeping the family unit together where possible to promote breastfeeding and effective bonding.
 - Assessment of their postnatal condition as well as their medical and/or Surgical condition, their mental health and how they interrelate.

4.3. Location of Care

The decision about location of care will be based on the clinical assessment of the appropriate specialist clinicians in conjunction with the wishes of the woman. The Consultant Obstetrician, appropriate speciality Consultant, Consultant Anaesthetist, and senior midwife (when involved) will discuss with the woman the best location for her care based on her clinical needs. Whilst every effort should be made to keep mother and baby together to promote breastfeeding and effective bonding, where they need to be separated for appropriate location of specialist care the baby should be discharged home or other appropriate arrangements should be made. See [Infant Feeding Policy \(cornwall.nhs.uk\)](http://cornwall.nhs.uk).

4.4. Multi-disciplinary communication and care planning that works effectively for the woman and her family will include:

- A joint discussion with the woman highlighting relevant risk factors, assessment, treatment plans and investigations.
- A documented and timely plan in the health records and on the electronic care record.
- A documented plan of the frequency of assessments, investigations and monitoring recorded in the health records and electronic care records.

4.5. Discharge planning for women from Maternity services will include:

- Liaison with the Maternity team to ensure Community Midwife, Health Visitor and GP continuity of care in the community is effectively and appropriately managed.
- Informing specialist teams if recommended in any antenatal care plan or relevant guideline.

4.6. Referral pathways can take place via any of the following routes

- Electronic care record.
- Via Screening Midwives.
- Via WREN referral.
- Email to Maternal Medicine Consultant.
- Letter to Maternity department via GP/Specialist teams (Admin staff will arrange appointment and forward referral to lead Consultant for maternal Medicine clinic).
- Local Obstetric team via email.
- Pre-conceptual counselling referral letter via GP/Specialist services.

- Community midwives via Obstetric booking team.

4.7. Criteria for Maternal Medicine Clinic

- Maternal Diabetes is NOT included in this SOP as a separate guideline is available (See guideline [Diabetes Mellitus \(pre-existing\) in Pregnancy Clinical Guideline \(cornwall.nhs.uk\)](#)).
- Maternal Cardiology ([Appendix 3](#)).
- Infectious Diseases (See guideline) ([Appendix 4](#)).
- Renal and Liver ([Appendix 5](#)).
- Rheumatology Gastroenterology ([Appendix 6](#)).
- Complex Mental Health (See guideline) ([Appendix 7](#)).
- Respiratory ([Appendix 8](#)).
- Maternal Neurology ([Appendix 9](#)).
- Haematology ([Appendix 10](#)).

4.7.1. Maternal Cardiology Criteria ([Appendix 3](#))

- Aortic coarctation.
- Ischaemic heart disease.
- Atrial fibrillation.
- Use of defibrillators or pacemakers.
- Congenital heart disease.
- Major valve abnormalities (Bicuspid aortic valve).
- Cardiomyopathy.
- Any patient that has had cardiac surgery.

4.7.2. Infectious Diseases Criteria (See guideline) ([Appendix 4](#))

- Hepatitis B with high viral load.
- Hepatitis.
- HIV.
- Tuberculosis.
- Syphilis.

4.7.3. Renal and Liver Criteria ([Appendix 5](#))

- Renal transplant/ on dialysis.
- Liver transplant.
- Chronic kidney disease (under care of renal team or known CKD less than 3).
- Chronic liver disease (under care of hepatology).

4.7.4. Rheumatology/Gastroenterology Criteria ([Appendix 6](#))

- Ankylosing spondylitis.
- Severe rheumatoid arthritis.
- SLE/ vasculitis (under rheumatology).
- Antiphospholipid syndrome.
- Complicated inflammatory bowel disease (on biologics or high dose steroids).
- Paraplegia.

4.7.5. Complex Mental Health Criteria (See guideline) ([Appendix 7](#))

- Schizophrenia.
- Psychosis.
- Bipolar affective disorder (diagnosed by CMHT).
- Severe depression or anxiety (under CMHT requiring recent admission).
- Current anorexia nervosa and bulimia.

4.7.6. Respiratory Criteria ([Appendix 8](#))

- Severe restrictive lung disease (COPD, CF) Liver transplant.
- Severe asthma (recent admission to ITU / multiple hospital admissions).
- On biologic agents.

4.7.7. Neurology Criteria ([Appendix 9](#))

- Unstable epilepsy.
- Epilepsy on 2 or more medication.

- Unstable multiple sclerosis on medication.
- Intracranial hypertension on medication.

4.7.8. Haematology Criteria (if not already referred to haem obs) ([Appendix 10](#))

- Haemophilia.
- Von Willebrands.
- Current DVT/PE.
- Warfarin / Apixiban therapy pre pregnancy.
- Thrombophilia.
- Thalassaemia major.
- Sickle cell disease.
- Haematological malignancy.
- Congenital TTP.
- Severe ITP.

This list is not exhaustive and if there is doubt then an email should be sent to the area consultant or the maternal medicine consultant to ask further advice.

5. Dissemination and Implementation

- 5.1. This is the first document which discusses Maternal Medicine Pathways. This document will be discussed at Maternity Guidelines group prior to being shared with all staff.
- 5.2. There is no training required for staff as processes currently in place. Information will be reiterated to staff around referral pathways.

6. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	<ul style="list-style-type: none"> • To audit referrals to maternal medicine clinic are carried out at as per criteria. • To audit timescales from referral to first appointment (4 weeks). • To ensure referrals to the maternal medicine network are captured to ensure ongoing monitoring of locals needs to aid development of maternity services.

Information Category	Detail of process and methodology for monitoring compliance
Lead	Sophie Haynes, Obstetric Consultant.
Tool	3 yearly audits of 5% of referrals.
Frequency	<ul style="list-style-type: none"> • 3 yearly audits. • 3 yearly reports to be shared at Maternity Governance meeting.
Reporting arrangements	<ul style="list-style-type: none"> • Report will be shared with DOM and clinical directors and be presented 3 yearly at Maternity Governance meeting. • If an increased number of referrals are noted to the maternal medicine network, to consider, separate SOP for separate conditions.
Acting on recommendations and Lead(s)	Lead Obstetrician will be responsible for any actions highlighted from audit
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within 3 Months of notification to allow any changes in guideline to be shared, commented upon and agreed via appropriate routes.

7. Updating and Review

This SOP will be reviewed every 3 years or earlier dependent on National guidance and/or local audit.

8. Equality and Diversity

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

8.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Maternal Medicine Pathway Standard Operating Procedure V2.0
This document replaces (exact title of previous version):	Maternal Medicine Pathway Standard Operating Procedure V1.0
Date Issued/Approved:	July 2024
Date Valid From:	July 2024
Date Valid To:	July 2027
Author/Owner:	Sophie Haynes, Obstetric Consultant
Contact details:	01872 252739
Brief summary of contents:	SOP setting out guidance for pregnant or postpartum women requiring care in a speciality other than Maternity services who require care within a maternal medicine clinic.
Suggested Keywords:	Maternal Medicine Pathway
Target Audience:	RCHT: Yes CFT: No CIOS ICB: No
Executive Director responsible for Policy:	Chief Medical Officer
Approval route for consultation and ratification:	Maternity Guidelines Group
Manager confirming approval processes:	Caroline Chappell
Name of Governance Lead confirming consultation and ratification:	Tamara Thrilby
Links to key external standards:	None
Related Documents:	<ul style="list-style-type: none"> • Diabetes Mellitus (pre-existing) in Pregnancy Clinical Guideline (cornwall.nhs.uk) • Screening for Fetal Anomaly in the 1st Trimester and 2nd Trimester Clinical Guideline (cornwall.nhs.uk)

Information Category	Detailed Information
	<ul style="list-style-type: none"> • Infectious Diseases in Pregnancy Clinical Guideline (cornwall.nhs.uk) • Screening for Haemoglobinopathies in Pregnancy Clinical Guideline (cornwall.nhs.uk)
Training Need Identified:	No
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical/Midwifery and Obstetrics

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
June 2021	V1.0	Initial issue	Sophie Haynes, Obstetric Consultant. Angela Bellamy, Deputy Head of Midwifery. Consultant Midwife.
July 2024	V2.0	Full update – minimal changes	Sophie Haynes, Obstetric Consultant.

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

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust [The Policy on Policies \(Development and Management of Knowledge Procedural and Web Documents Policy\)](#). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team
rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy/policy/proposal/service function to be assessed:	Maternal Medicine Pathway Standard Operating Procedure V2.0
Department and Service Area:	Obstetrics and Gynaecology
Is this a new or existing document?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Catherine Wills, Practice Development Midwife
Contact details:	01872 255019

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	All maternity staff and relevant specialist services.
2. Policy Objectives	To ensure all staff are aware of the processes surrounding maternal medicine clinic.
3. Policy Intended Outcomes	Safe and appropriate care for families using maternity services who require additional care for physical or mental conditions that are likely to affect health outcomes in pregnancy if this additional care is not provided.
4. How will you measure each outcome?	Audit as stated above.
5. Who is intended to benefit from the policy?	Staff and families within the maternity services

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	<ul style="list-style-type: none"> • Workforce: Yes • Patients/visitors: No • Local groups/system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	Please record specific names of individuals/groups: Maternity Guidelines
6c. What was the outcome of the consultation?	Standard operating procedure agreed
6d. Have you used any of the following to assist your assessment?	National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys: No

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	
Marriage and civil partnership	No	

Protected Characteristic	(Yes or No)	Rationale
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

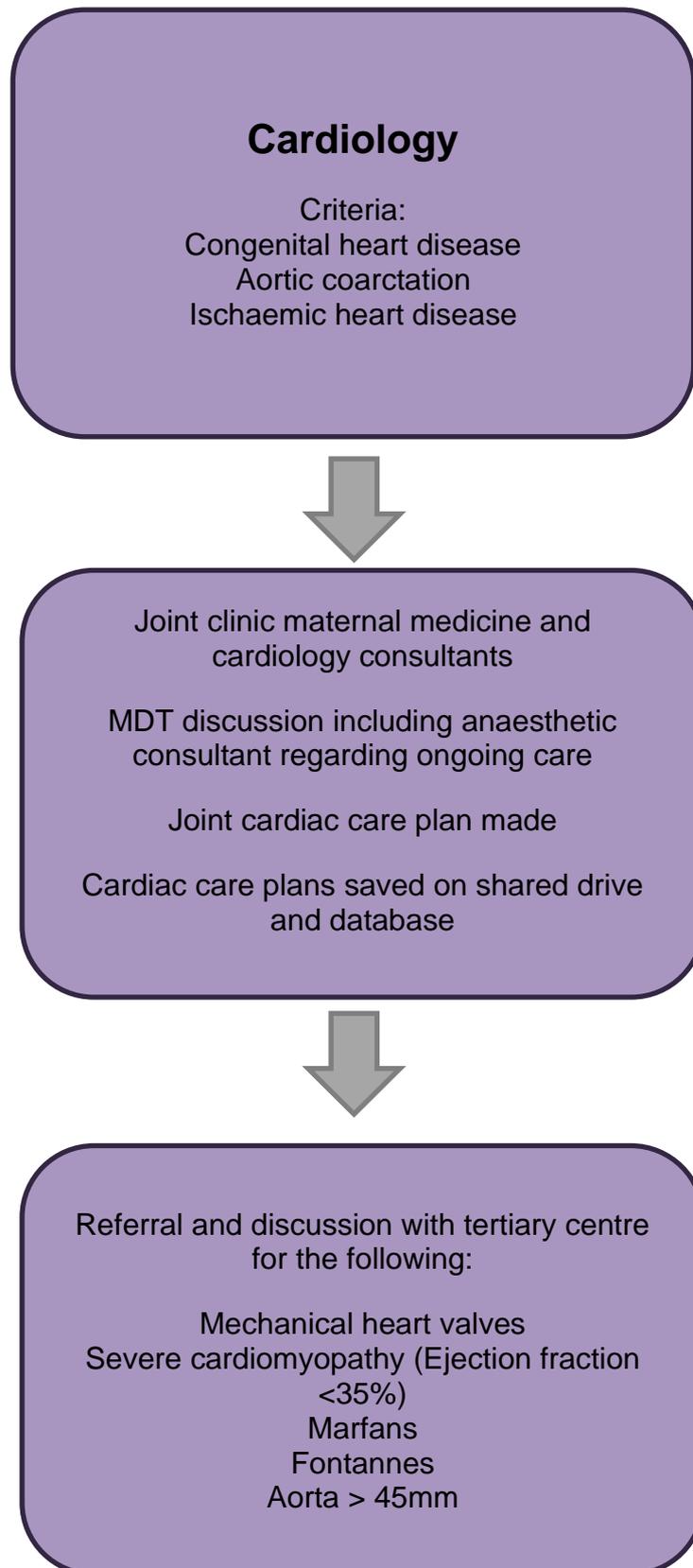
I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Catherine Wills, Practice Development Midwife.

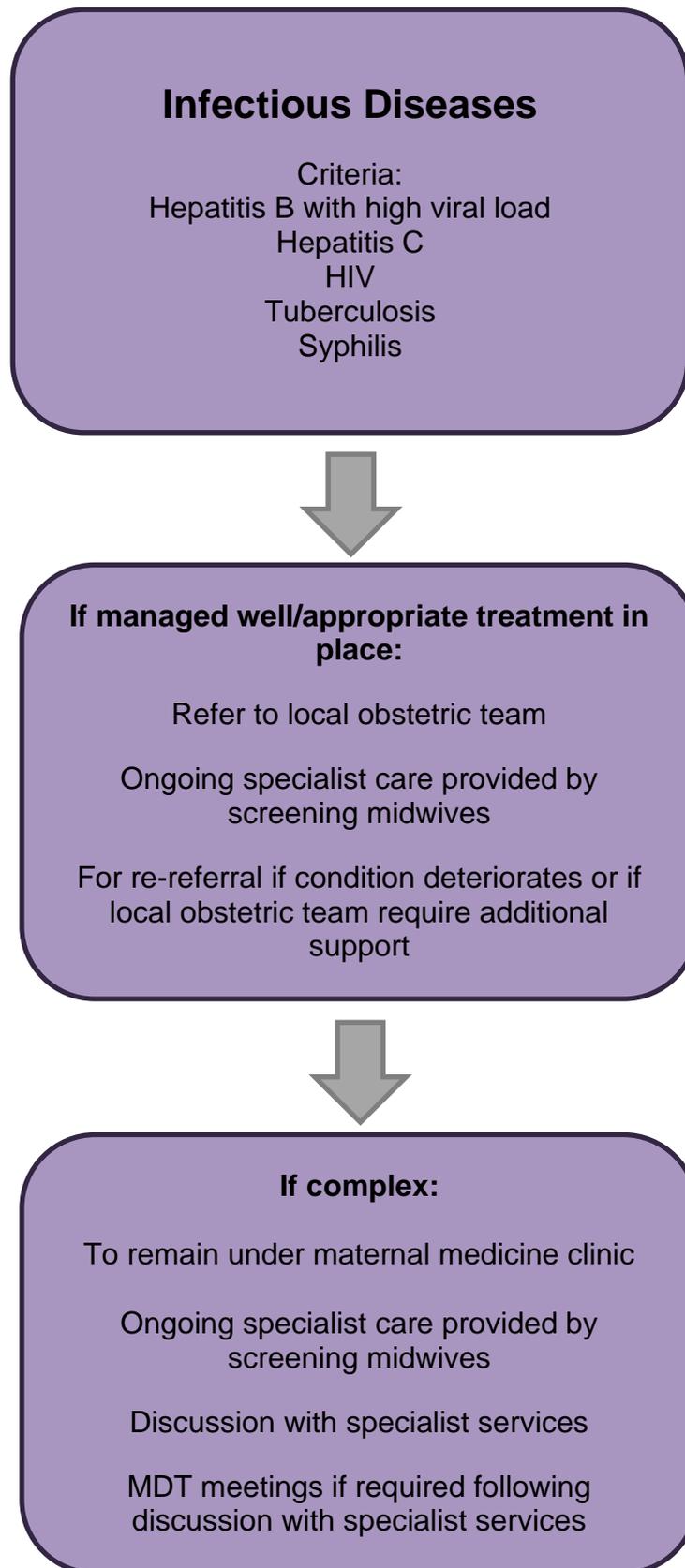
If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:

[Section 2. Full Equality Analysis](#)

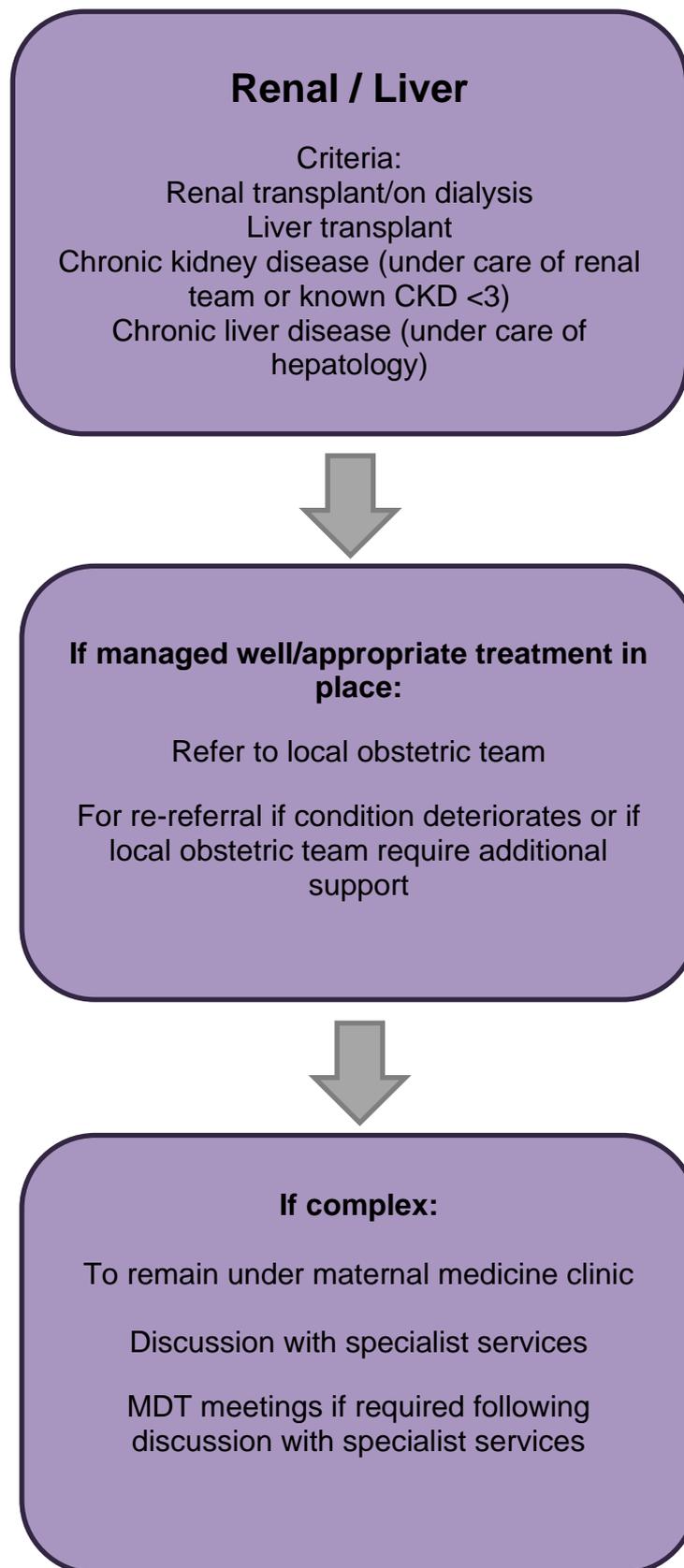
Appendix 3. Maternal Cardiology Criteria and Pathway



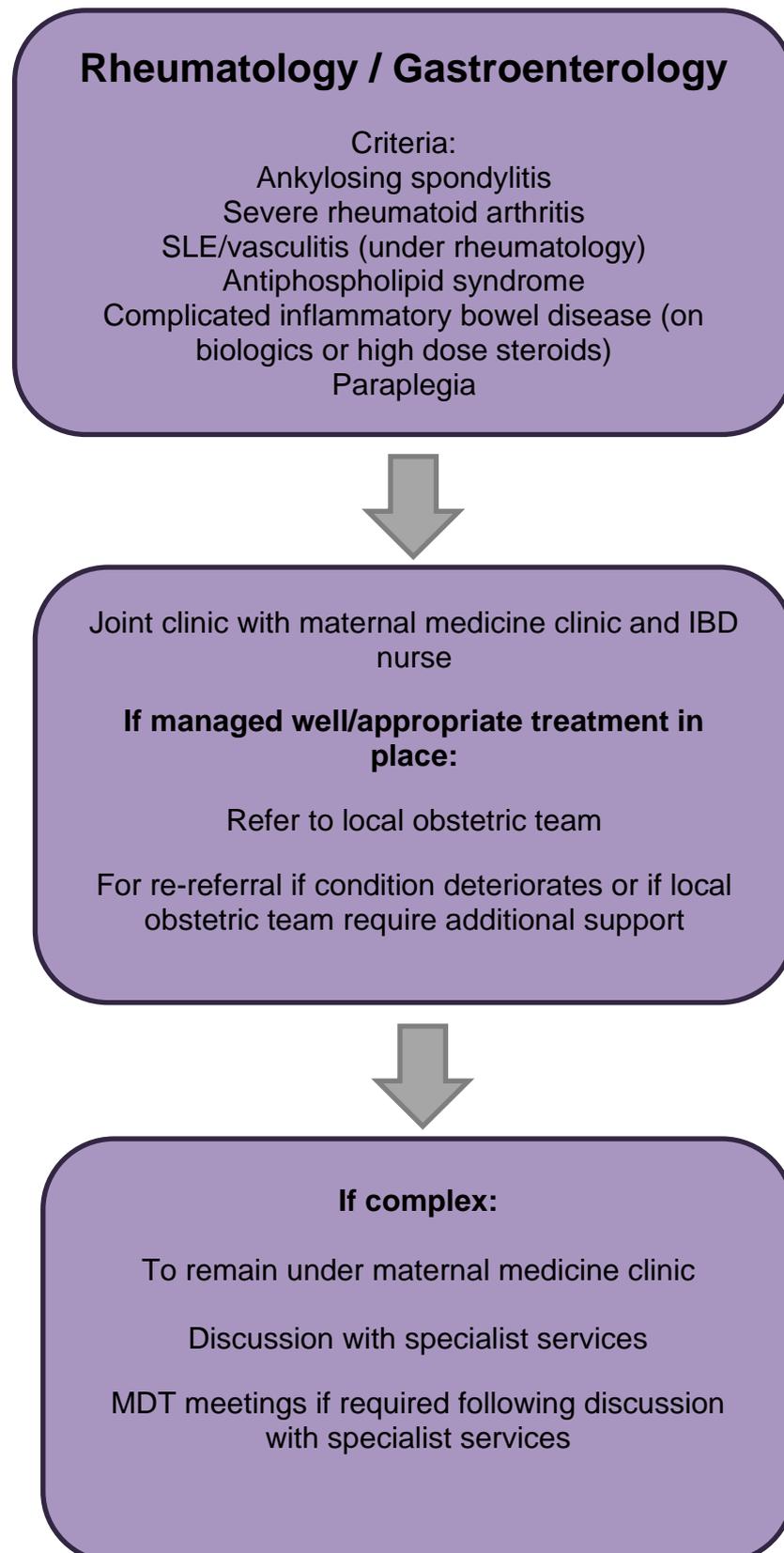
Appendix 4. Infectious diseases Criteria and Pathway



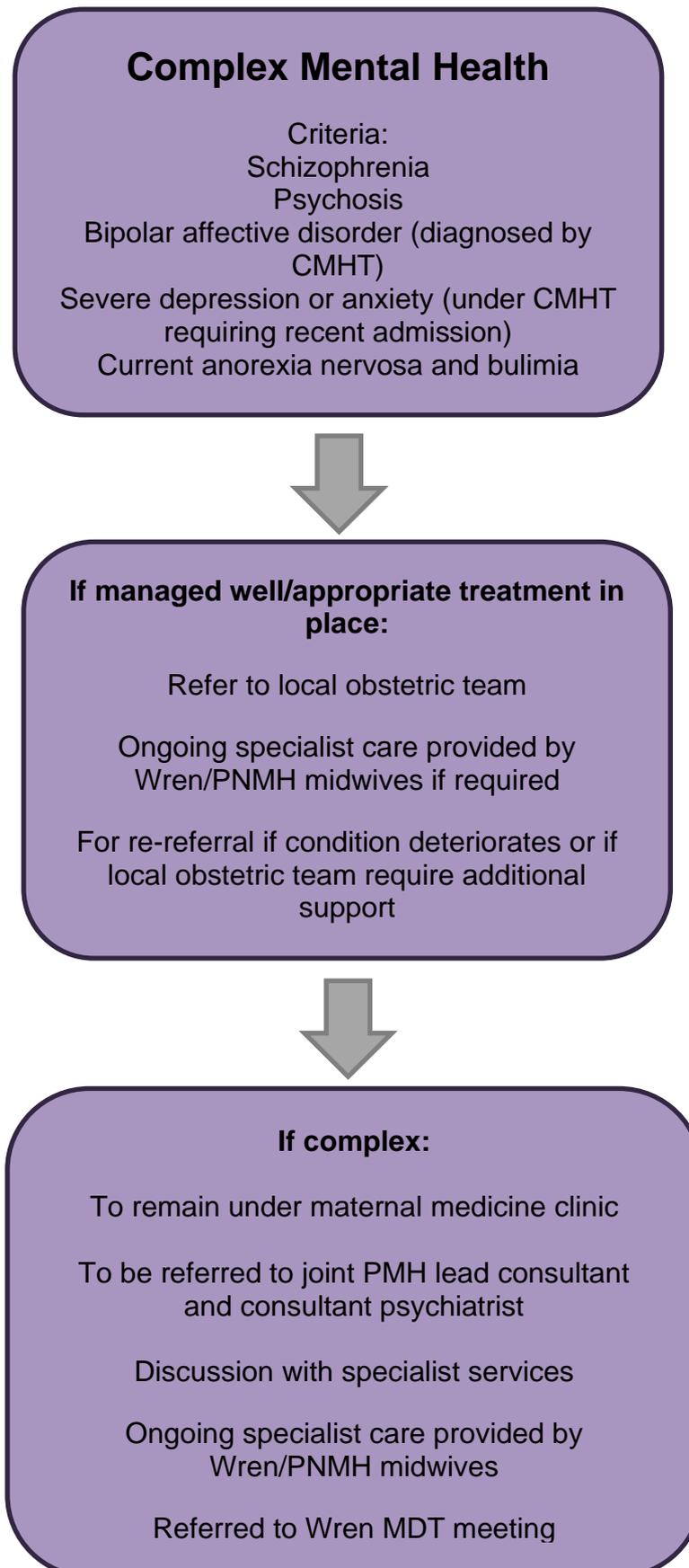
Appendix 5. Renal and Liver Criteria and Pathway



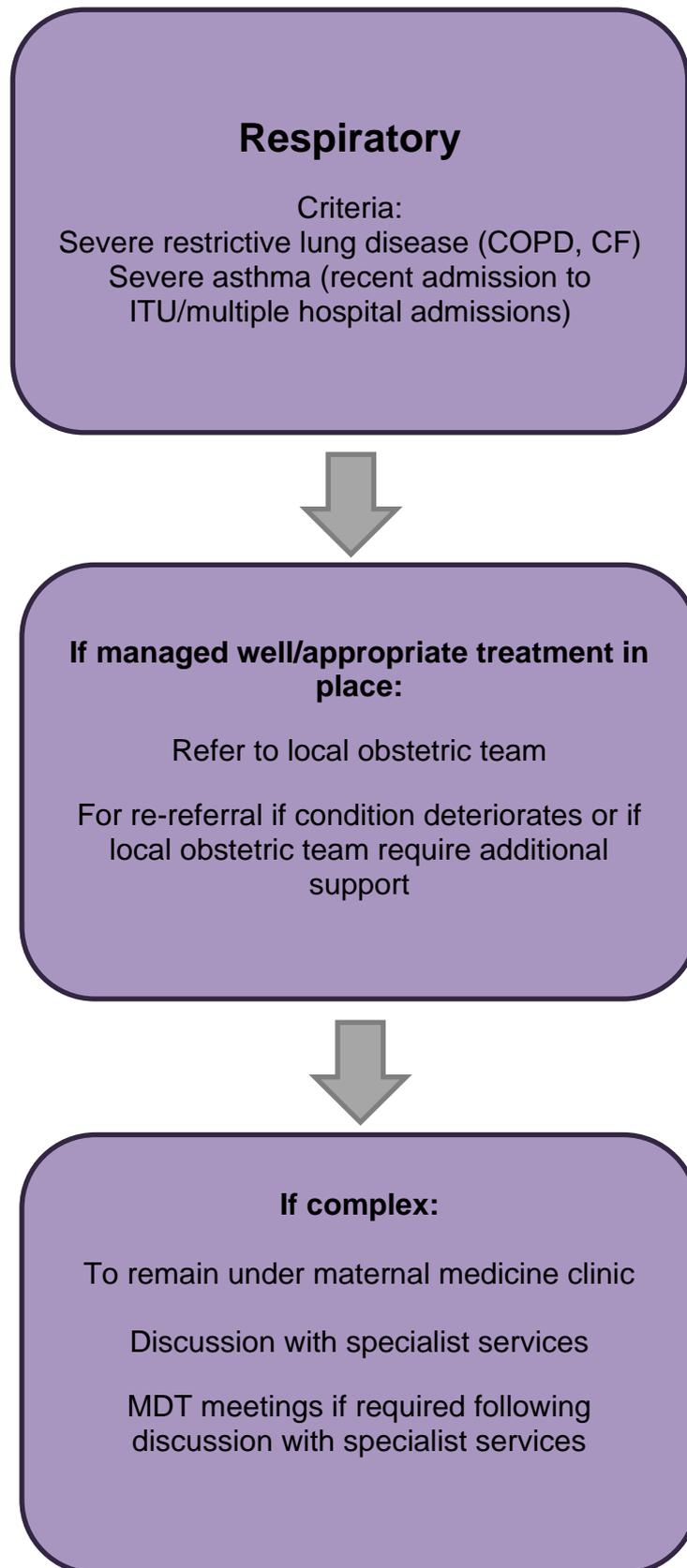
Appendix 6. Rheumatology / Gastroenterology Criteria and Pathway



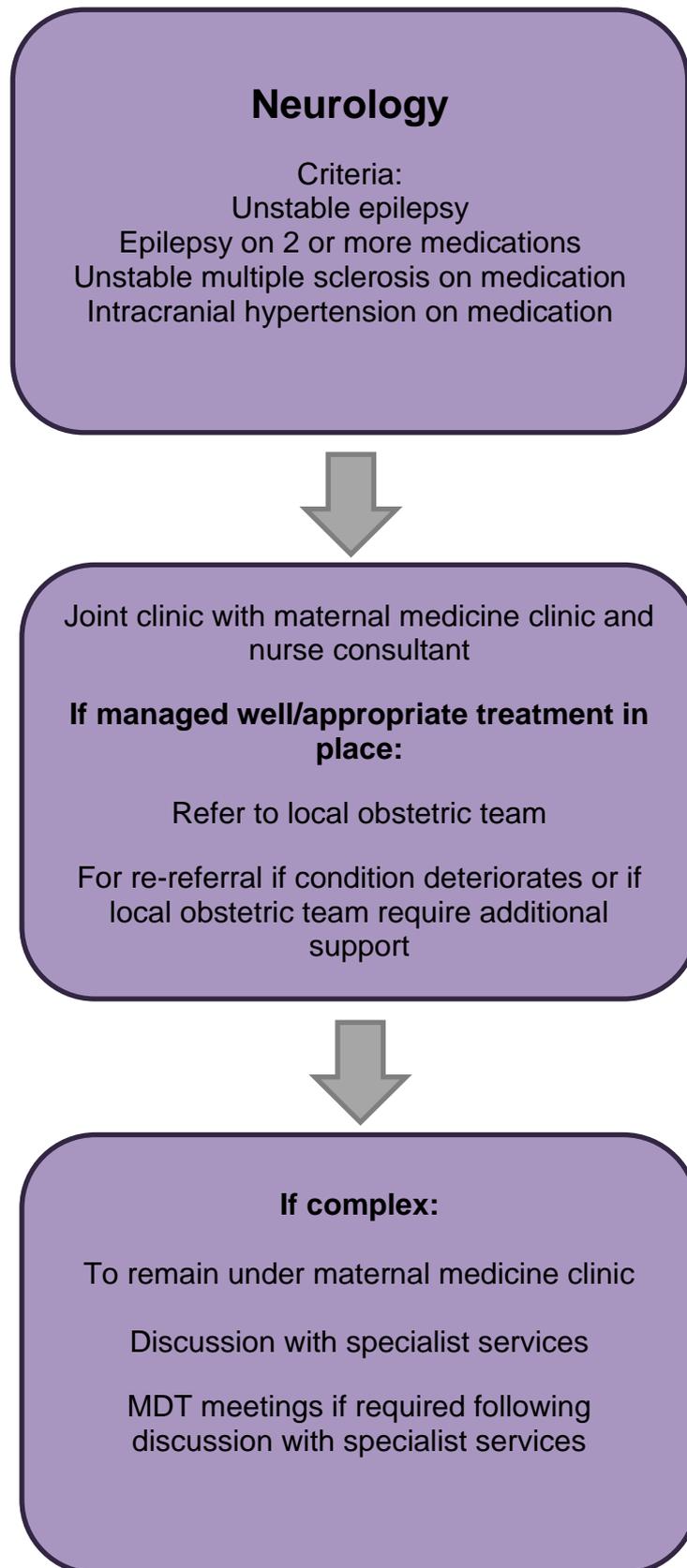
Appendix 7. Complex Mental Health Criteria and Pathway



Appendix 8. Respiratory Criteria and Pathway



Appendix 9. Neurology Criteria and Pathway



Appendix 10. Haematology Criteria and Pathway

