1. INTRODUCTION
1.1 Women are assessed in Antenatal clinic and a management plan for the pregnancy made. Maternity Assessment (Gloucestershire Royal Hospital - GRH), the Maternity Assessment Centre (Cheltenham General Hospital - CGH) and Triage provide areas in which women are seen with pregnancy complications which can be rapidly assessed by midwives. The assessment and management will be according to set guidelines, with referral to the obstetric team for review as appropriate. Routine preoperative assessments and investigations during pregnancy are also carried out.

2. DEFINITIONS
2.1 Antenatal Clinic (ANC): Women at low risk will be seen in midwife led clinics in the community or the hospital according to the pathway ‘Midwife Led Care Pathway’. High risk women will be seen in consultant led clinics (see Routine Antenatal Care Guideline and Midwife Led Care Pathway).

2.2 Maternity Assessment (MA): Women are referred to MA at GRH for assessment of specific pregnancy clinical problems. Appropriate investigations will be performed and a management plan made. The expectation is that most women will be managed as an outpatient, but occasionally women will be admitted from MA to Delivery Suite or the Antenatal ward. Women will also be seen for pregnancy investigations and preoperative assessment.

2.3 Maternity Assessment Centre (MAC): Women will be seen in MAC at CGH for pregnancy investigations and preoperative assessments. Certain pregnancy complications will also be assessed.

2.4 Triage: is the systematic process of filtering the maternity attendances on the Delivery Suite. Women will be assessed to ascertain whether they have a serious pregnancy complication that necessitates admission to the Delivery Suite or the Antenatal ward or a non-serious condition that may enable the women to return home.

2.5 Cirencester and Stroud Maternity Hospital (SMH) - Women with minor antenatal complications or in need of investigations may be seen by midwives at Cirencester or SMH in the antenatal clinic.

3. PURPOSE
3.1 To define the role of each of these areas and provide guidance for the management of pregnant women who are referred with common pregnancy complications.
4. **ROLES AND RESPONSIBILITIES**

<table>
<thead>
<tr>
<th>Post/Group</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td>All groups named below</td>
<td>- following this and associated policies/procedures</td>
</tr>
<tr>
<td></td>
<td>- utilise the information within this guideline to provide the best</td>
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<tr>
<td></td>
<td>evidence and practice</td>
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<tr>
<td></td>
<td>- take reasonable care of self and others</td>
</tr>
<tr>
<td>Named Midwife</td>
<td>- Ultimately responsible for coordination of care for woman and newborn</td>
</tr>
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<td></td>
<td>- communicate with the multi-professional team</td>
</tr>
<tr>
<td>Midwives</td>
<td>- work closely with members of the multidisciplinary to ensure that</td>
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<td></td>
<td>the woman and newborn receives timely interventions and optimum</td>
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<tr>
<td></td>
<td>care to achieve the best outcome</td>
</tr>
<tr>
<td></td>
<td>- document and record all observations and management plans</td>
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<td></td>
<td>- ensure excellent communication between team members</td>
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<tr>
<td>Obstetricians</td>
<td>- work closely with members of the multidisciplinary to ensure that</td>
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<td></td>
<td>the woman and newborn receives timely interventions and optimum</td>
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<td></td>
<td>care to achieve the best outcome</td>
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<td></td>
<td>- document and record all observations and management plans</td>
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<tr>
<td>Laboratories (haematology /</td>
<td>- work closely with members of the multidisciplinary to ensure that</td>
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<tr>
<td>pathology / microbiologist</td>
<td>the woman and newborn receives timely interventions and optimum</td>
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<tr>
<td></td>
<td>care to achieve the best outcome</td>
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<tr>
<td></td>
<td>- document and record all observations and management plans</td>
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<tr>
<td></td>
<td>- ensure excellent communication between team members</td>
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<tr>
<td>Anaesthetists</td>
<td>- work closely with members of the multidisciplinary to ensure that</td>
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<tr>
<td></td>
<td>the woman and newborn receives timely interventions and optimum</td>
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<tr>
<td></td>
<td>care to achieve the best outcome</td>
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<tr>
<td></td>
<td>- document and record all observations and management plans</td>
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<tr>
<td>Labor ward Forum</td>
<td>- Responsible for review and amendment</td>
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<tr>
<td></td>
<td>- Monitoring effectiveness of policy</td>
</tr>
<tr>
<td>GOGG (Gloucestershire</td>
<td>- Approval and maintenance</td>
</tr>
<tr>
<td>Obstetric Guidelines Group</td>
<td>- Implementation</td>
</tr>
<tr>
<td>Maternity Clinical</td>
<td>- Ratification</td>
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<tr>
<td>Governance</td>
<td>- Outstanding audit actions</td>
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</table>

4.1 Effective communication is imperative to plan the ongoing management of women seen in these settings

5. **LOCATION**

5.1 **ANC:** is held in various locations (in the community, CGH, GRH, Cirencester, Stroud Maternity Hospital [SMH], Dilke Memorial Hospital and Lydney).

5.2 **MA:** is located in the Antenatal clinic which is on the ground floor of The Women’s Centre.

5.3 **MAC:** is located in the Antenatal clinic which is on the ground floor of St Paul’s Wing in CGH.

5.4 **Cirencester and SMH:** assessments are made in the antenatal clinic,

5.5 **Triage:** is located in the Delivery Suite which is on the first floor of The Women’s Centre at GRH.

6. **OPENING TIMES AND CONTACT NUMBERS**

6.1 **ANC:** See timetable in appendix 1

6.2 **MA:** will be open Monday to Friday from 08.30 – 16.30. ☎: (GRH) 6104
6.3 **MAC**: will be open Monday to Friday from 08.30 – 12.30.  ☎️: (CGH) 4373

6.4 **Cirencester**: Arranged by the individual midwives.  ☎️: (01285) 4561

6.5 **Stroud Maternity**: Arranged by the individual midwives.  ☎️: (01453) 562145

6.6 **Triage**: will be staffed 24 hours a day, 7 days a week.  ☎️: (GRH) 5541

6.7 **Cheltenham Birth Centre**: is open 24 hours a day 7 days a week  ☎️: (GRH) 2324

7. **REFERRAL CRITERIA**

7.1 **Triage**: Appropriate reasons for referral include:

- Assessment of possible rupture of membranes
- Vaginal bleeding in pregnancy greater than or equal to 16 weeks and post-partum
- Abdominal pain in pregnancy greater than or equal to 16 weeks
- Urinary tract infection
- Reduced fetal movements (outside normal working hours)
- Women more than 20 weeks gestation with a possible Deep Vein Thrombosis or Pulmonary Embolism
- Other reasons whereby appropriate referral to other medical practitioner/services not appropriate

Not appropriate for referral:

- Any woman suspected of being in labour

7.2 **Maternity Assessment (MA)**: Appropriate reasons for referral include:

- Glucose tolerance test (GTT)
- Blood Pressure (BP) assessment
- Diagnosis of cholestasis following abnormal bloods
- Monitoring of confirmed preterm prelabour ruptured membranes
- Caesarean Section preoperative assessment
- Caesarean section admissions on day of surgery
- USS review
- Confirmation of fetal presentation
- Administration of steroids
- Assessment of post-dates (greater than or equal to 42 weeks) pregnancy when induction is declined
- Reduced fetal movements (all presentations)

7.3 **Maternity Assessment Cheltenham (MAC)**: Appropriate reasons for referral include

- GTT
- BP assessment – gestational hypertension BP less than 150/100, pre-eclampsia BP less than 145/95 proteinuria less than or equal 1+  ([A1049 Hypertensive Disorders Including Pre-Eclampsia and Eclampsia](#))
- Proteinuria less than or equal to 1+
- Monitoring of confirmed preterm prelabour ruptured membranes
- Caesarean section preoperative assessment
- First presentation of reduced fetal movements
- USS review
- Confirmation of fetal presentation
- Administration of steroids

7.4 **Cirencester and Stroud Maternity Hospital (SMH)**: Appropriate reasons for referral include

- GTT
- Reduced fetal movements (first presentation)
- USS review
- Confirmation of fetal presentation at SMH
- Pre Op Assessment (Stroud)
- Administration of steroids
- Routine blood tests
- 2nd dose of steroids administration referrals - when no current risk of preterm delivery

7.5 **Cheltenham Birth Centre**: Appropriate reasons for referral:

- Continues MAC care cover when MAC closes at 12:30 Mon-Fri
- Ultrasound reviews
- 1st episode of reduced fetal movements
- BP assessments referred by community midwife clinics
- Presentation Scans
- 2nd dose of steroids administration referrals - when no current risk of preterm delivery
- Early labourers

8. **SPECIFIC CONDITIONS**

8.1 Always consider medical review if uncertain or for other presentations not included in a care bundle.

8.2 **Caesarean section (CS) preoperative assessment**

- The cases are booked in the electronic diary. Up to 3 elective CS may be booked on working days. Once **all** the elective slots for the week are booked a 4th slot may be booked on Tuesday, Wednesday or Thursday.

- An appointment is made for a preoperative assessment visit (at least 2 days in advance) at MA, MAC or Stroud maternity.

- MRSA swabs should be performed at the time the CS is agreed.

- Check woman understands the reason for CS, the date planned and where she needs to attend on the day of admission. The first 2 women on the list should come to Delivery suite at GRH at 07.45, the 3rd (and 4th) should come to Maternity Assessment (MA) at GRH at 09:30

- Inform the woman that she should have nothing to eat from midnight but may drink clear fluids to 06.00.

- Complete a general assessment of maternal wellbeing and fetal wellbeing. Perform an antenatal check if the woman has not been seen for her routine community care within the previous two weeks.

- Ensure she has written information ([Caesarean Section and what to do after a Caesarean Birth leaflets](#)).

- Take blood for FBC and Group and Save (G&S), cross match or other bloods if indicated. The G&S sample **MUST** be sent to blood transfusion at GRH

- Give the woman two doses of Ranitidine 150mg to be taken at bedtime the night before and on waking the morning of the CS. Signed on a TTO form.

- At GRH the woman may be seen by the anaesthetist at the preoperative visit if an anaesthetic problem is identified

- The midwife will check that the woman is recorded on the elective operating list for the appropriate day.
• On Monday morning the elective CS list for the week will be reviewed by the consultant obstetrician in the antenatal clinic. Cases may be moved to spread the workload throughout the week. The elective LSCS list is entered onto an electronic diary in Microsoft Outlook, so this can be viewed by multiple people. The cases are entered onto the Theatre list in PAS by antenatal clinic staff, on the Friday of the week before.

8.3 Monitoring of preterm pre-labour rupture of membranes
See A1126 Rupture of membranes guideline

8.4 For Pathway for Diagnosis and Management of Pre-Labour rupture of membranes at 37+0 weeks or more not in labour
See A1126 Rupture of membranes guideline

8.5 Reduced Fetal Movements
• Second presentation of reduced fetal movements must be seen at GRH.
• Electronic fetal monitoring reviews may be faxed to Delivery Suite (Ext 5580).

8.6 Itching in Pregnancy / Obstetric cholestasis
• The initial assessment of itching in pregnancy with abnormal blood tests should be at MA (GRH)
• If a diagnosis of obstetric cholestasis is made a management plan should be made by the obstetric team (see A1012 Obstetric Cholestasis guideline)

9. BOOKING OF INDUCTION OF LABOUR / EXTERNAL CEPHALIC VERSION / OTHER PROCEDURES
9.1 Induction of labour:
• Aim for up to 8 women may be booked for induction of labour Monday – Friday.
• Aim for up to 4 low risk cases may be booked on Saturday and Sunday.
• Ensure she has written information (Information for Women and their Partners about Induction of Labour)
• Induction of labour is booked on the electronic calendar by MAC, delivery suite or Triage

9.2 External Cephalic Version (ECV)
• These women should be booked for ECV on delivery suite according to LSCS activity and consultant availability.
• ECV is booked on the electronic calendar by MAC, Delivery Suite or Triage

9.3 Oral Glucose Tolerance Test (GTT)
• Date for GTT booked by Community Midwife or Antenatal clinic staff in diary, or arranged at Cirencester or Stroud by Community Midwife
• For details of the test see RD1

9.4 Other procedures (eg iron infusions)
• Iron procedure is booked on the electronic calendar by MAC, Delivery Suite or Triage
• All other procedures are booked on the electronic calendar by MAC, delivery suite or Triage.
10. **TRAINING**

<table>
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<tr>
<th>*Level of training required</th>
<th>Staff Group / s</th>
<th>Division / Department</th>
<th>Frequency of training / update</th>
<th>Method of training delivery</th>
<th>Lead and department responsible for provision of training</th>
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<tr>
<td>A</td>
<td>Midwives and Obstetricians</td>
<td>Women and Children's Division</td>
<td>Once</td>
<td>Policy cascade</td>
<td>Practice Development midwife</td>
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*Levels of Training

| A = Awareness (Micro-teach, drop in session, e-learning) | B = ½ day (2.5 – 3 hours) (workshop, training event, e-learning) | C = Full day (5-6 hours) (workshop, training event) | D = Course (more than one day training) |

11. **MONITORING OF COMPLIANCE**

12. **REFERENCES**

ANC NICE 2008

Hypertension NICE 2010
## DOCUMENT PROFILE

<table>
<thead>
<tr>
<th><strong>REFERENCE NUMBER</strong></th>
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<td>Dhushyanthan Mahendran</td>
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<tr>
<td><strong>AUTHOR</strong></td>
<td>Sue Cooper</td>
</tr>
<tr>
<td><strong>ISSUE DATE</strong></td>
<td>June 2017</td>
</tr>
<tr>
<td><strong>REVIEW DATE</strong></td>
<td>June 2018</td>
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<tr>
<td><strong>ASSURING GROUP</strong></td>
<td>Women and Children’s Divisional Triumvirate</td>
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<td><strong>APPROVING GROUP</strong></td>
<td>Gloucestershire Obstetric Guideline Group (GOGG)</td>
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| **APPROVAL DETAILS** | 21/12/2010 item 4.1.15 – GOGG  
05/04/2011 item 4.1.5 – GOGG  
5th August 2014 item 2.20 – GOGG  
2nd June 2015 item 2.21 – GOGG  
June 2017 item 2.19 - GOGG |
| **DISSEMINATION DETAILS** | Upload to Policy Site; cascaded via Women and Children’s Division |
| **EQUALITY IMPACT ASSESSMENT** | Added to policy 10/01/11 |
| **KEYWORDS**         | Triage, MA, Maternity Assessment, MAC |
| **RELATED TRUST DOCUMENTS** | [Preterm Labour Guideline](#)  
[Routine Antenatal Care Guideline and Midwife Led Care Pathway](#) |

### Authors

<table>
<thead>
<tr>
<th>Authors</th>
<th>Version</th>
<th>Reason for review</th>
<th>Ratified</th>
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<tr>
<td>Anne McCrum Consultant Obstetrician</td>
<td>Version 1Written April 2011</td>
<td>New guideline</td>
<td>Gloucestershire Obstetric Guideline Group (GOGG)</td>
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| Anne McCrum Consultant Obstetrician | Version 2Review May 2012  
V2.1/2,2 August 2014 | Review  
Reviewed to reflect organisational changes | Gloucestershire Obstetric Guideline Group (GOGG) |
| Sue Cooper Lead Midwife Antenatal Clinic | Version 3June 2015 | Triennial Review | Gloucestershire Obstetric Guideline Group (GOGG) |
| Ellie Sonmezer PDM              | Version 3.1 | Remove info on PRM now in A1126   | Gloucestershire Obstetric Guideline Group (GOGG) |
### Equality Impact Assessment

**Initial Screening**

1. **Lead Name:** Hazel Williams  
   **Job Title:** Practice Development Midwife

2. **Is this a new or existing policy, service strategy, procedure or function?**  
   - New ✓  
   - Existing

3. **Who is the policy/service strategy, procedure or function aimed at?**  
   - Patients  
   - Carers  
   - Staff ✓  
   - Visitors  
   - Any other Please specify:

4. **Are any of the following groups adversely affected by this policy:**  
   If yes is this high, medium or low impact (see attached notes):  
   - Disabled people: No ✓ Yes  
   - Race, ethnicity & nationality: No ✓ Yes  
   - Male/Female/transgender: No ✓ Yes  
   - Age, young or older people: No ✓ Yes  
   - Sexual orientation: No ✓ Yes  
   - Religion, belief & faith: No ✓ Yes  

   If the answer is yes to any of these proceed to full assessment.  
   If the answer is no to all categories, the assessment is now complete.

   **Date of assessment:** 10/01/2011  
   **Completed by:** Hazel Williams  
   **Signature:**  
   **Job title:**  
   **Director:**  
   **Signature:**

This EIA will be published on the Trust website. A completed EIA must accompany a new policy or a reviewed policy when it is confirmed by the relevant Trust Committee, Divisional Board, Trust Director or Trust Board. Executive Directors are responsible for ensuring that EIAs are completed in accordance with this procedure.