FAST FIND:

- Operational Policy;
- Delivery Suite
- Obstetric Theatres
- Triage
- Visiting on the Delivery Suite

DOCUMENT OVERVIEW:

- Organisation of the Delivery Suite, Obstetric Theatres and Triage
- Location of the Delivery Suite, Obstetric Theatres and Triage
- Roles and Responsibilities of staff on the Delivery Suite, Obstetric Theatres and Triage
- Description of accommodation
- Service interfaces
- Clinical Support Services
- Visiting
1. **INTRODUCTION**

This document outlines the operational policy for the Delivery Suite and Maternity Ward in The Women’s Centre at Gloucestershire Royal Hospital.

2. **DEFINITIONS** [See approved maternity abbreviation list](#)

3. **PURPOSE**

To provide a clear and concise description of the service provided and the procedures adopted by the Delivery Suite.

This policy will:

- outline the operational procedures of the Delivery Suite;
- document the agreed interface with other services within and out with Gloucestershire Hospitals NHS Foundation Trust;
- link with other operational and clinical policies

4. **ROLES AND RESPONSIBILITIES**

<table>
<thead>
<tr>
<th>Post/Group</th>
<th>Details</th>
<th>Resources</th>
<th>Review/ Monitoring</th>
<th>Implementation</th>
<th>Records</th>
<th>Reporting</th>
<th>HR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lead Consultant Obstetrician</strong></td>
<td>• Provides expert advice to junior obstetricians, midwives and leadership within the clinical area</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lead Consultant Anaesthetist</strong></td>
<td>• Provides expert advice with regards to anaesthetics within the clinical area</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Head of Midwifery</strong></td>
<td>• This person is the professional lead for all midwives working with GHNHSFT</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
| **Senior Midwifery Manager/Matron** | • Has 24hrs responsibility of the Delivery Suite, managing staff, resources and ensuring safety within the area  
• Provides expert knowledge, leadership and support to all staff | X         | X                  | X              | X       | X         |     |
| **Lead Midwife**            | • Co-ordinates the day-to-day running of the Delivery Suite per 12hr shift, 24/7 | X         | X                  | X              | X       | X         |     |
5 THE SERVICE

5.1 Function

5.1.1 The Delivery Suite is the main facility for providing intrapartum care for women choosing to give birth in a hospital setting in Gloucestershire, whether the lead lies with the consultant obstetrician or the midwife.

5.1.2 The Delivery Suite will provide care for women who have a medical or obstetric problem/condition and those women who have chosen to deliver there. It provides a suitable, safe and appropriate environment for mothers and babies. Facilities for assessment, diagnosis, monitoring, care and treatment for all levels of care excluding intensive care, are provided.

5.1.3 There are 9 delivery rooms available on Delivery Suite and 1 birthing pool room. 2 high dependency rooms are situated on Delivery Suite.

5.1.4 Although most women who are admitted to the Delivery Suite will have a medical/obstetric condition, the experience of childbirth will be kept as 'normal' as possible. They are encouraged to mobilize in a non-medicalised environment, using birthing balls, mattresses on the floor and birthing stools. Fetal monitoring via telemetry if continuous electronic fetal monitoring is required thus enabling freedom of movement. Appropriate facilities are available however should intervention be necessary or an emergency arises.

5.1.5 2 dedicated Bereavement Suite are located on Delivery Suite, offering families a communal delivery area alongside clinical facilities.

5.1.6 Triage is an area within the Delivery Suite which is opened 24 hours a day, 7 days per week. It admits, assesses and treats women who require an obstetric opinion from 16 weeks of gestation until birth and who do not require admission to the Delivery Suite.

5.1.7 The Obstetric Theatre Suite includes two theatres, one dedicated for emergencies and one intended primarily for elective sections, with the option to be used for simultaneous emergencies. Theatres must be available for use in an emergency situation 24 hours a day, 7 days a week, 365 days a year to facilitate the safe and prompt delivery in an Obstetric emergency (as it is not possible to predict the rapid change from normal to abnormal delivery.)

5.2 Operating Standards
5.2.1 The standards to which care in the Delivery Suite and Obstetric Theatres is provided are set out within the Maternity Obstetrics Policy Library.

5.3 Location

5.3.1 The Delivery Suite, Triage and Obstetric Theatres are part of the Women’s Centre at Gloucestershire Royal Hospital (GRH) which is located in Zone F at the rear of the GRH Tower Block. The Delivery Suite and Obstetric Theatres are located on the 1st floor of the centre and are thereby within close proximity of all maternity services departments within the centre and have direct easy access via a link bridge to critical care facilities located on the 1st floor of the main GRH tower block. There is also direct access to all other major specialist services within the hospital including cardiology, radiology, pathology and surgical services.

5.3.2 The Delivery Suite and Obstetric Theatres are located on the same floor as the Neonatal Unit so that emergency transfers can easily be achieved.

5.3.3 The main patient, staff and visitor entrance to the Women's Centre is on ground level through the main tower block concourse. The Delivery Suite, Triage and Obstetric Theatres on the first floor are accessed by lift (2 provided) or stairs from this area. There is also a link corridor to provide direct access by staff between the first floor of the Women’s Centre and the first floor of the main tower block.

5.3.4 A separate emergency obstetric & midwifery drop-off entrance is available to access the Women’s Centre via the service road from Gate 7 Horton Road. This entrance has emergency parking and a direct, easy access route to the Delivery Suite and Triage. Routes to the Delivery Suite are clearly signed from all entrances to the centre to enable immediate access for women in advanced labour.

5.3.5 Service entrances are located towards the main tower end of the building via lift and stairs.

5.3.6 Access is swipe card controlled both on entry and exit to the Delivery Suite. A doorbell system linked to the midwives' station is available for those without swipe cards to request access.

5.3.7 A 2222 BBA (born before arrival) call can be made for any mother who needs urgent assistance whilst on the way to the Delivery Suite. This call summons assistance from a porter and the Delivery Suite coordinating midwife.

5.4 Operating Hours

5.4.1 The Delivery Suite is operational 24 hours a day, 7 days a week 365 days a year.

5.4.2 Visiting

Partners and birth partners accompanying women in labour can gain access to the department any time of the day or night. Birthing partners are limited to a maximum of 2 under normal circumstances

Visiting is open to immediate family members / significant others at the midwife’s discretion for a short period of time following birth.

Birth Partners

In the interests of aiming to provide the best possible care and also for Health and Safety reasons, when a woman is admitted to the Delivery Suite, she may have a maximum of two birth partners (of her choice) to support her in labour. It is important to emphasise that anyone who is infectious with any of the disorders listed below, should not come in to the maternity unit.

- Heavy cold
- Chickenpox
- Cold sores
- Diarrhoea and sickness
- Parvovirus

Women in Labour

Birth Partners are there to support the woman - not just to witness the birth of the baby.

Birth Partner(s) – We request that there are a maximum of 2 people of the woman’s choice present during labour and these two people should be the same throughout labour. There are limited waiting facilities on Delivery Suite in reception. The reasons for the restricted access are infection control and security issues. The only exception is if a woman needs to be transferred to theatre and the 2nd birthing partner may wait in the reception area or the delivery room where the woman had been.

Women and their birth partners are to be given this information by the community midwives in the antenatal period to allow discussion antenatally, and again when they are admitted to the Delivery Suite in labour.

Triage is not for women in obvious labour, any woman calling or presenting in labour should be redirected to their choice for place of birth.

Children

Women and their partners/relatives must make prior arrangements for the care of any other children when attending the Delivery Suite and Triage in pregnancy or labour. There are no facilities for the care of children on Delivery Suite and Triage, and for Health and Safety reasons it is advised that children are not brought to Delivery Suite unless it is an absolute emergency. In this instance, the parents are responsible for the children at all times and they must remain with a parent/guardian.

Recovery /Theatre

Only one birth partner is allowed into theatre and this is at the discretion of the surgeon/anaesthetist/midwife and woman. The second birth partner will not be allowed into theatre and it will not be appropriate for them to wait in recovery. They can wait in reception or in another suitable place as directed by the Delivery Suite Coordinator. When an elective C/S is taking place then only one birthing partner is allowed in the Delivery Suite or theatres at any one time. For other surgical procedures/operations in other departments, there are no visitors/relatives permitted in recovery.

If the woman has a General Anaesthetic then no birth partners are allowed in to theatre and they should be directed to wait in recovery, reception or some other suitable area.

Post Birth

On transfer to the postnatal ward, midwives must ensure partners are aware of the ward visiting hours. Partners and siblings may visit from 9am (or this may be another significant family member if there is no partner). Visiting times for other family and friends must be adhered to. These are 14.00 -15.00 and 18.00 -19.00.
Early Transfers to Community from Delivery Suite

Birth Partners may stay with the woman until discharge in the event of an early discharge from Delivery Suite. Other siblings may visit, but no other visitors will be given access unless providing transport for mother and baby to get home.

High Dependency Care

Occasionally women may need to stay longer than usual on Delivery Suite for high dependency care. In this instance a maximum of 2 visitors are allowed, but this is dependent on clinical circumstances and should be discussed with the midwife co-ordinating the Delivery Shift. Visiting times of 14.00 -15.00 and 18.00 -19.00 must be adhered to. Visiting hours for the woman’s partner are open in these situations.

Photography & Filming

Photographs & filming of staff and other patients is not permitted without their express permission. At birth, in order not to distract birth attendants filming and photography is not permitted until birth is complete.

5.4.3 The Obstetric Theatre Suite includes two theatres, one dedicated for emergencies and one intended primarily for elective sections, with the option to be used for simultaneous emergencies. Both theatres must be available for use immediately in emergency situations on a 24 hour basis.

5.5 Description of Accommodation

5.6.1 The Delivery Suite consists of the following rooms:

<table>
<thead>
<tr>
<th>Rooms</th>
<th>Size</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lobby circulation and waiting area</td>
<td>20m²</td>
<td>The main reception is located on Delivery Suite and is manned during office hours by a ward clerk/receptionist who greets patients on arrival and monitors patient flows through the department. Visitors WC facilities (including one disabled WC), and a vending machine are provided.</td>
</tr>
<tr>
<td>with reception/office, visitors’ WC and disabled WC</td>
<td>22m²</td>
<td></td>
</tr>
<tr>
<td></td>
<td>10m²</td>
<td></td>
</tr>
<tr>
<td>Admissions/assessment/triage room</td>
<td>55m²</td>
<td>This room is provided for the assessment of women to reduce unnecessary admissions and access to birthing delivery rooms.</td>
</tr>
<tr>
<td>Triage Office</td>
<td>8m²</td>
<td>This room is designed for staff working in Triage</td>
</tr>
<tr>
<td>9 standard Delivery Rooms with en-suite WC, bath and showering facilities</td>
<td>21-25m²</td>
<td>The delivery rooms have been designed to be attractive, comfortable and convenient and enable the concealment of interventional equipment (trolleys etc). Each room accommodates an electric birthing bed, infant’s cot, resuscitation equipment and a CTG (cardio tocograph) Medical gas outlets and vacuum are in each bed head unit. Patient-to-staff call and staff-to-staff call systems are provided (reporting back to the midwives station/office). Clinical hand washing facilities are available in each delivery room. Networked PC access is provided in each room to enable access to all necessary systems (PAS, Stork, PACS etc). All washrooms are wheelchair accessible and have patient-to-staff and staff-to-staff call system points.</td>
</tr>
<tr>
<td></td>
<td>9m²</td>
<td></td>
</tr>
<tr>
<td>2 High Dependency Delivery</td>
<td>22-</td>
<td>The HDU delivery rooms are located adjacent to the</td>
</tr>
<tr>
<td>Rooms with en-suite WC and showering facilities</td>
<td>25m²</td>
<td>6m²</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>------</td>
<td>-----</td>
</tr>
<tr>
<td>2 Bereavement suites consisting of: lobby area, delivery area, family room, assessment room and en-suite WC and showering/birthing facilities</td>
<td>18m²</td>
<td>10m²</td>
</tr>
<tr>
<td>Room 12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff base with one 4-6 person office</td>
<td>12m²</td>
<td>25m²</td>
</tr>
<tr>
<td>Offices</td>
<td>8m²</td>
<td>13m²</td>
</tr>
<tr>
<td>Blood gas analyzer room</td>
<td>6m²</td>
<td></td>
</tr>
<tr>
<td>Clean utility</td>
<td>10m²</td>
<td></td>
</tr>
<tr>
<td>Store – bulk supplies</td>
<td>18m²</td>
<td></td>
</tr>
<tr>
<td>Store – equipment</td>
<td>20m²</td>
<td></td>
</tr>
<tr>
<td>Linen room</td>
<td>6.5m²</td>
<td></td>
</tr>
<tr>
<td>Cleaners’ room</td>
<td>8m²</td>
<td></td>
</tr>
</tbody>
</table>
cleaners’ trolleys and machines. A low level flushing bucket sink is provided for disposal of cleaning fluids, with hot and cold water, as well as a wash hand basin.

Disposal hold

<table>
<thead>
<tr>
<th>Space</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>10m²</td>
<td>A waste, storage and linen disposal bay is located opposite the cleaners’ room. Items for disposal and re-processing are sorted according to whole hospital policy. The segregation, storage and the safe disposal of waste should comply with the guidance given in the Health and Safety Commission – Health Service Advisory Committee ‘Safe disposal of clinical waste’, HMSO 1992.</td>
</tr>
</tbody>
</table>

Pantry

<table>
<thead>
<tr>
<th>Space</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>15m²</td>
<td>The pantry is located off the main service corridor to be accessible for catering staff to deliver patient meal carts from the service lifts. The pantry is used for the preparation of beverages and light snacks. A dishwasher, refrigerator fitted. Storage facilities are provided for crockery, cutlery, patients’ water jugs and tumblers, provisions, milk, special dietary requirements of patients etc. There is storage space for the beverage trolley to be parked and plugged in. Main meals are supplied from the central kitchen using purpose-designed trolleys. Crockery and cutlery for main meals are returned to the central wash in the catering department.</td>
</tr>
</tbody>
</table>

Staff rest room and beverage bay

<table>
<thead>
<tr>
<th>Space</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>25m²</td>
<td>The staff room is available for breaks and lunch times, with a seating area and beverage making facilities, including microwave, freezer and plumbed-in cooled water dispensing machine. The staff call system is linked to this room with a sounder and light. The fire detection system in this room does not include a smoke detector.</td>
</tr>
</tbody>
</table>

2 visitor WCs (ambulant)

<table>
<thead>
<tr>
<th>Space</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.5m²</td>
<td>One visitor WC is located near the rest area and the other is centrally located between the delivery rooms.</td>
</tr>
</tbody>
</table>

Switch room

<table>
<thead>
<tr>
<th>Description</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A dedicated UPS system has been provided within the switch room serving the Delivery Suite. The UPS will provide backup power to all lighting circuits installed throughout the occupied areas in the Delivery Suite area.</td>
<td></td>
</tr>
</tbody>
</table>

5.6.2 For details of other relevant or shared accommodation, please see the respective operational policy as follows:

<table>
<thead>
<tr>
<th>Accommodation</th>
<th>Operational policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative offices and ‘On-Call’ accommodation for obstetrics &amp; gynecology consultants and their support teams</td>
<td>Administration</td>
</tr>
<tr>
<td>Midwifery-led Unit</td>
<td>Midwifery-Led Unit</td>
</tr>
<tr>
<td>Neonatal &amp; Transitional Care Unit</td>
<td>Neonatal &amp; Transitional Care</td>
</tr>
<tr>
<td>Maternity outpatients, Ultrasound, Day Assessment</td>
<td>Maternity Outpatients</td>
</tr>
</tbody>
</table>

6 Organisational Arrangements and Accountability

6.1 Leadership of the Unit

- The unit forms part of the Trust’s Maternity Services which are managed by the Women’s and Children’s Division.
- The Obstetric Anaesthetics service is provided by the Surgical Division.
- Responsibilities for Risk Management and Clinical Governance are described within the Maternity Services Risk Management Operational Procedure.

6.2 Medical Responsibility
• Medical responsibility lies with the Specialty Director for Obstetrics & Gynaecology.
• Day-to-day responsibility lies with the Lead Consultant, according to the rota.
• Anaesthetic responsibility lies with the Lead Obstetric Anaesthetic Consultant Anaesthetist. Day –
to-day responsibility lies with the Consultant Anaesthetist on the Delivery Suite; if none is rostered,
responsibility lies with the On-call Consultant Anaesthetist, according to the weekly rota. The
anaesthetics rota is drawn up by the Anaesthetics Department.

6.3 Midwifery/Nursing Responsibility for Delivery Suite and Triage
• Midwifery responsibility lies with the Senior Midwifery Manager/Matron for Delivery Suite and
Triage
• Day-to-day responsibility lies with Lead Midwives for Delivery Suite and Triage

6.4 Financial Responsibility
• The budget-holder for Delivery Suite is the Senior Midwifery Manager/Matron.
• The budget-holder for Obstetric Theatres is the Lead Nurse for Theatres.
• The budget-holder for medical staffing (Obstetrics) is the Chief of Service – Women’s and
Children’s
• The budget-holder for medical staffing (Anaesthetics) is the General Manager for Theatres, Critical
Care, Anaesthetics and Pain Services.

6.5 Clinical Staffing
• Obstetric staffing levels, responsibilities for planning staffing, and procedures to follow in the event
of shortfalls are described in the document: Maternity Services Staffing Policy
• Midwifery staffing levels, responsibilities for planning staffing, and procedures to follow in the event
of shortfalls are described in the Maternity Escalation Policy – divert and closure and Maternity
Services Staffing Policy
• Obstetric Anaesthetic staffing levels, responsibilities for planning staffing, and procedures to follow
in the event of shortfalls are the responsibility of the directorate of Anaesthetics. See also
Maternity Services Staffing Policy
• Midwifery training is provided in accordance with the Maternity Mandatory Training Policy.
• Medical supervision is provided in accordance with the GMC’s guidance ‘Good Medical Practice’.
• Medical supervision (Anaesthetics) – Trainees and SAS doctors will be supervised by the
Consultant Obstetric Anaesthetist covering the Delivery Suite. If a Consultant Obstetric
Anaesthetist is not present, the trainee or SAS doctor will be under the supervision of the
Consultant Anaesthetist on-call for theatres.
• There is an Infant Feeding Specialist Midwife during working hours (Mon-Fri 09.00 – 17.00). The
main elements of the role are:
  - to provide help to mothers requiring support with Breastfeeding and/or expressing milk,
  including assessment for Tongue Tie.
  - to provide support to parents who choose to formula feed.
  - to support the midwifery-led units at CGH and GRH, the neonatal and transitional care
units and community midwifery teams.
  - to be available to give advice to midwives and patients can be contacted on : 07799341200.
• There is a Bereavement Support Midwife three days/week (flexible). The main elements of the role
are:
  - to offer practical and emotional support to parents and families following miscarriage,
termination of pregnancy for fetal abnormality, stillbirth or neonatal death.
  - to offer ongoing support in the community on leaving hospital.
  - to respond to referrals from General Practitioners, Community Midwives, Neonatology
staff, Health Visitors, and self-referrals.
  - to support colleagues through practical and emotional issues whilst caring for bereaved
families.
  - to be available to give advice to colleagues and patients (can be contacted on 0300 422
5526).

6.6 Movement of theatre staff
• Access theatre department via link corridor not via Delivery Suite
• Change into theatre attire in designated changing areas
• Liaise with anaesthetists and surgeons in theatre office to ascertain order of theatre list and to ensure all equipment is readily available. Theatre sister will then send for patient.

6.7 Administration and Clerical Staff
Delivery Suite: ward clerk cover is provided between the hours of
  Monday 08.30-16.30 then 18.00-21.00
  Tuesday 08.30-16.30 then 17.15-22.15
  Wednesday 08.30-22.15
  Thursday 08.30-17.00 then 18.00-21.00
  Friday 08.30-16.30 then 17.15-20.00
  Saturdays – 08.00-16.00
  Sundays – 08.00-12.00 Week 1 and 12.00-16.00 Week 2, 3 and 4

6.8 General Management
General Management responsibility lies with the Divisional Director of Operations (Women's and Children's Division) with the exception of Anaesthetics and Obstetric Theatres which falls under the management responsibility of the General Manager for Theatres, Anaesthetics, Critical Care and Pain Management Services

6.9 Uniforms
Staff are required to adhere to the Trust’s uniform/dress code Policy

7 THE PATIENT AND THEIR PATHWAY
7.1 Referrals & Patient movement into the unit
7.1.1 Movement of women booked for birth on Delivery Suite and attending Triage:
• Enter the building via the Horton Road entrance (emergency drop-off)
• Arrive at the reception area on the 1st floor
• Transfer to admission/triage area or delivery room if labour appears advanced on arrival
• Deliver in room or Obstetric Theatres if required
• Recover in delivery room/recovery
• Transfer mother and baby to the Maternity Ward, either in wheelchair or on a ward bed. If mother wishes to walk to Maternity Ward, baby to be transferred in cot.

7.1.2 Movement of women wishing early postnatal discharge:
• Movement will depend on activity levels on Delivery Suite
• If activity is high and a room is required for a labouring woman, the postnatal woman will be transferred to the Maternity Ward as normal, staff there being informed of the woman’s wish for early discharge home. Follow normal postnatal discharge.
• If activity permits the woman can recover in her delivery room, receiving postnatal care from the delivery midwife. The neonatal check can be done by a paediatrician or appropriately trained midwife within 72 hours. If all well the discharge paperwork is completed.
• In periods of very high activity women wishing an early discharge may be asked to wait in the Triage area of Delivery Suite – if available/appropriate

7.1.3 Women who would like an earlier discharge – see Procedure for neonatal checks for a baby discharged before 6 hours.

7.1.4 Movement of unwell women after delivery:
• Liaise with anaesthetic team as to best place of care
• Transfer to Department of Critical Care (DCC) via link corridor with the assistance of portering staff
• Transfer baby to NICU for care while mother in DCC
• Transfer mother back to Delivery Suite once stable
• Baby returned to mother from NICU
• Transfer mother and baby to Postnatal ward
• Discharge home

7.1.5 Movement of unwell women from Maternity Ward:

Antenatal women:
• Transfer to Delivery Suite
• Assess
• May be delivered or returned to Maternity ward for further observation

Postnatal women:
• Transfer mother and baby to Delivery Suite
• Assess
• If mother needing treatment in DCC then transfer via link corridor and admit baby to NICU for care
• Transfer mother and baby back to Delivery Suite once condition improved
• Transfer mother and baby to Maternity Ward for continuation of care plan
• Discharge home

7.1.6 Movement of women booked for an elective caesarean section:

• Enter building via main ‘Tower’ entrance
• Arrive at Maternity Assessment Unit where all necessary documentation will be completed
• Pre-op visit by theatre staff if necessary/appropriate
• To be escorted to a designated room on the Delivery Suite
• Handover to theatre staff and midwife on arrival
• Change into gown once in designated room
• Birth partner will be escorted to changing room to don theatre scrubs
• Any personal belongings will be placed in the recovery area
• Transfer directly to anaesthetic room or theatre from designated room
• Transfer to recovery post op with baby
• Discharge from recovery to post-natal ward
• Discharge home from post-natal ward

NB: Women are expected to bring only limited luggage for the first 24 hours in the unit.

It is the responsibility of the theatre practitioner working in the Anaesthetic Room to send for the patients on their theatre list, following consultation with the midwifery team. The first woman on the list should be sent for according to instructions from the Anaesthetists or Surgeon, following consultation with the midwifery team to facilitate the patient being in Theatre by 9am for the elective list

7.1.7 Movement of women from Theatre Suite to Department of Critical Care (DCC)

• Transfer to DCC via the link corridor to the Tower Block

7.1.8 Movement of women through the Bereavement Suites;

Women with known IUD or TOP for Abnormality will be booked for admission and birth in the Snowdrop Suite via the electronic diary.
• Enter building via the Tower or Horton Road entrance
• Arrive at the 1st floor reception, receptionist will be advised in advance of the expected admission
• All care to be given in Snowdrop Suite, unless care in theatre needed
• Once delivered the woman, her partner and the baby will remain in the Snowdrop Suite until fit for discharge home
• When parents are ready baby will be transferred to the Mortuary, by the portering staff, this may be before they leave themselves or after. It is the midwife’s responsibility to place the White Box
or body bag in the adapted cot for transfer to the mortuary.

- On discharge home, parents may leaving via Tower or Horton Road entrance, as they choose.

7.1.9 Women with **suspected IUD on antenatal admission**.
- If IUD is suspected on antenatal admission an ultrasound scan (USS) is needed to confirm the diagnosis.
- A preliminary USS can be performed on Delivery Suite by an Obstetrician. However a formally reported USS-must be undertaken in the ultrasound department prior to induction of labour.
- Following a formal USS the options for care with the Consultant on duty.
- If the plan is to induce immediately, the woman should be admitted to one of the Bereavement Suites.
- Care as above
- If a subsequent admission is planned the woman is allowed home and enter the planned admission date into the Induction of Labour diary and follow the planned admission route.

7.1.10 Women with **IUD during active labour or fresh stillbirth**
- Offer transfer to Bereavement Suite for postnatal recovery
- Discharge as above

7.1.11 Movement of **visitors**
- Birthing partners will accompany women in labour through the equivalent routes described above
- Other visitors will enter the building through the Tower entrance, arrive at the first floor reception and be directed to them Maternity Ward.

7.7 **Discharge & patient movement out of the unit**
7.7.1 See 7.1 for description of pathways
- Procedures for transfer and discharge are described in the [Transfer & Discharge Guideline](#).

7.8 **Patient and Carer Involvement**
7.8.1 A Maternity Services User Group, supported by the Trust’s Patient and Public Involvement (PPI) department informs the decision-making process for the Trust’s Maternity and Neonatal Services.
7.8.2 Compliments and complaints can be made by contacting the Patient Advice and Liaison Service (PALS).

7. **SERVICE INTERFACES**
7.1 Transfers between services are carried out in accordance with the [Transfer/Discharge Policy](#).
7.2 Maternity Services’ Management (see section 6) are responsible for taking an overview of activity in different parts of the service, and communicating regularly between the different areas, to ensure staffing is appropriate.
7.3 **GRH midwifery-led Birth Unit**
7.3.1 The midwifery-led Birth Unit is located on the second floor with the Maternity ward and shares its facilities for staff and patients (staff changing, rest, dining area).
7.3.2 Women from the Birth Unit are transferred to the Delivery Suite and/or Obstetric Theatres, as necessary, on the decision of the attending midwife if complications arise during labour or postnatally.
7.3.3 Women from the Birth Unit may be transferred to the Maternity Ward if requiring additional postnatal care.
7.3.4 Please see: [Operational Policy for Midwifery-led Unit](#).

7.4 **Neonatal & Transitional Care Unit**
7.4.1 The Neonatal and Transitional Care Unit is located on the first floor adjacent to Delivery Suite.
7.4.2 Please see: [Operational Policy for Neonatal & Transitional Care Unit](#).
7.5 Community Midwifery and Materni
7.5.1 Routine antenatal care is provided by community midwives who manage the antenatal pathway through referral for routine scans, screening and consultant-led appointments as appropriate.
7.5.2 Community midwives are responsible for booking women to deliver in the Delivery Suite and providing them the necessary information about how to get there, what to expect and what to bring.
7.5.3 Community midwives will advise women to attend delivery suite and/or the Maternity ward if required during their pregnancy.
7.5.4 On discharge from the Delivery Suite or Maternity ward, the relevant community midwife will be informed via the discharge messaging system.

7.6 Critical Care
7.6.1 Women from the Obstetric Delivery Suite and/or Obstetric Theatres are transferred to the Department of Critical Care, as necessary, on the decision of the Consultant Anaesthetist that the women require a higher level of care than can be delivered on the Delivery Suite.

7.7 General Theatres
7.7.1 General (main) theatres in the hospital provide management, staffing and contingency for the Obstetric Theatres suite.

7.8 Emergency Department and Acute Care Units
7.8.1 Refer to the clinical policy for Care and Assessment of the Pregnant Woman admitted to Any Clinical Area other than Maternity and Gynaecology.
7.8.2 The preferred hospital entrance for obstetric emergencies is the drop-off entrance to the Women’s Centre rather than through the Emergency Department.

7.9 Stroud Maternity Hospital
7.9.1 Stroud Maternity Hospital is a midwifery-led service.
7.9.2 Women from the Stroud Maternity Hospital are transferred to the Delivery Suite and/or Obstetric Theatres, as necessary, on the decision of the attending midwife and subsequent review by an obstetrician if complications arise during labour or during the postnatal period.

7.10 CGH midwifery-led Birth Centre
7.10.1 Women from the CGH midwifery-led Birth Centre are transferred to the Delivery Suite and/or Obstetric Theatres GRH, as necessary, on the decision of the attending midwife and subsequent review by an obstetrician if complications arise during labour or the postnatal period.

7.11 Great Western Ambulance Service (GWAS)
7.11.1 Great Western Ambulance Service is the main provider of emergency Ambulance transport within the county and through the Avon & Wiltshire areas. Transfers to the Women’s Centre are carried out in accordance with the Transfer and Discharge Policy.

8. CLINICAL SUPPORT SERVICES

8.1 Specialist midwifery
8.1.1 Infant feeding support – see section 6.5 Clinical Staffing
8.1.2 Bereavement - see section 6.5 Clinical Staffing
8.1.3 Substance misuse – see Operational Policy for Maternity Outpatients
8.1.4 Teenage pregnancy – see Operational Policy for Maternity Outpatients
8.1.5 Diabetic - see Operational Policy for Maternity Outpatients
8.1.6 Antenatal screening - see Operational Policy for Maternity Outpatients

8.2 Radiology/ Imaging
Referrals to radiology and imaging will be made by an obstetrician when required using an appropriately completed request form

8.3 Pathology
8.3.1 During pathology department core hours (weekdays 0830 – 1700, Saturdays 0900-1200), suitable specimens are sent to the laboratory via a pneumatic air tube system from the midwives base, on the Delivery Suite and Maternity Ward.

8.3.2 Histology specimens are sent via porters to GRH pathology reception for onward transport to the Histology laboratory at CGH in accordance with the policy for Packaging of Pathological Specimens for transport by road to, or between hospital sites - HSPOL007.

8.3.3 Out of hours service: An extensive range of investigations is available outside normal working hours covering chemical pathology, clinical haematology and microbiology. On-call staff may be contacted through the hospital switchboard. Requests should be restricted to those where a rapid response is required for the immediate management of the patient.

8.3.4 See pathology intranet site for details: http://www.glos.nhs.uk/ACUTEPathology/Cheltenham/Out_of_Hours/Gloucester.htm

8.3.5 All specimens taken within the department are to be accompanied by an appropriately completed request form. It is important to ensure adequate information is given on the form for the laboratory personnel to understand the question that is being asked and why the test has been requested. Please refer to the policy for labelling request forms and specimens: http://www.glos.nhs.uk/ACUTEPathology/Cheltenham/Pathology_Policies/Pathology%20policy%20for%20labelling%20request%20forms%20and%20specimens.pdf

8.4 Pharmacy

8.4.1 Drugs used in the department on a frequent basis will be supplied on a twice weekly top-up system.

8.4.2 Pharmacy items will be dispensed from the main pharmacy department

8.4.3 The ward is visited daily by a pharmacist who checks in-patient prescriptions

8.4.4 Ward attendees will be given a FP10 if they require medication

8.4.5 The ward and Triage have a DFW (dispensed from ward) cupboard for commonly used drugs to expedite patient discharge. This is checked weekly by Pharmacy

8.4.6 Pharmacy policies: http://www.qhnhs.uk/JOINTPharmacy/POPAM/index.htm

8.5 Infection Control

8.5.1 The unit will comply with the Trust’s Infection Control policies & standards – these policies are available via the Trust’s Intranet.

8.5.2 The Infection Control Office is open Monday – Friday 08.30 – 16.30 ext 6122. Bleep 2036 or 2146.

8.5.3 Pest sightings should be reported promptly to the Property & Medical Engineering Department.

8.5.4 In the event of out-of-hours emergencies, the Consultant Microbiologist on call can be contacted via the switchboard at Gloucestershire Royal Hospital.

8.6 Bed Managers

8.6.1 Lead midwives are responsible for liaising with the management team as necessary in the event of a shortage of bed capacity or a Flu Pandemic.

8.7 Medical Photography

8.7.1 Medical photography can be contacted Monday-Friday 9am-5pm for assistance with deceased baby photos. Consent and request forms can be accessed via the Medical Photography intranet link.

8.8 Community and Adult Care

8.8.1 This service will be accessed by internal referral from the patient’s clinician.

8.9 Speech and Language Therapy

8.9.1 This service is not used routinely but can be accessed by internal referral from the patient’s clinician.

8.10 Nutrition/Dietetics
8.10.1 This service will be accessed by internal referral from the patient’s clinician.

8.11 **Health Psychology**

8.11.1 This service will be accessed by internal referral from the patient’s clinician.

8.12 **Mortuary**

8.12.1 Deceased patients will be prepared for the mortuary by nursing staff & transferred in accordance with the [Last Offices Policy (Nursing)](http://example.com).

9. **NON-CLINICAL SUPPORT SERVICES**

9.1 **Domestic**

9.1.1 The unit is cleaned by domestic staff 7 days per week in accordance with the Trust’s cleaning standards.

9.1.2 After 20.00 hours and before 07.00 hours there is minimal domestic presence on site. Non urgent cleaning requests will be logged and actioned at an appropriate time. A Night Duty Domestic Supervisor is contactable via bleep numbers 2211/2277.

9.1.3 Full detail of the service provision is contained within the [Women’s Centre Domestic Department Operational Policy](http://example.com).

9.2 **SSD & Procurement Materials Management**

9.2.1 The processing of reusable instrument sets and appropriate equipment is provided by the Sterile Services Department at Gloucestershire Royal Hospital in accordance with recognised EU Standards.

9.2.2 Consumable items are supplied by Procurement Materials Management on a top-up basis 2 times per week.

9.2.3 The unit has its own stock level of reusable instruments and consumable supplies.

9.2.4 Senior Midwifery Manager/Matron is responsible for determining stock levels in discussion with Procurement Materials Management regarding consumables.

9.2.5 Staff will contact SSD when reusable instruments in process are required urgently.

9.2.6 Staff will contact Materials Management when consumable supplies are required.

9.2.7 Stock is stored on designated shelving (located in the Clean Utility & Treatment Room), in accordance with the Trust’s standard layout and colour coding policy.

9.2.8 Urgent stocks can be ordered over the telephone to Materials Management on dialling ext 5171.

9.2.9 Contaminated reusable instruments and equipment being returned to SSD will be placed in the appropriately marked boxes in the dirty utility room.

9.2.10 Used instruments must be placed in ‘the outer wrapping’ on the numbered tray they were taken from and placed in the box.

9.2.11 Instrument sets processed and returned will have a unique bar code attached. Please ensure that this bar code is returned with the instruments.

9.3 **Catering**

9.3.1 Breakfast supplies for Delivery Suite are delivered by Materials Management and the Catering Department.

9.3.2 Main meals for Delivery Suite are ordered by phoning ext 6436 by 9am.

9.3.3 Crockery and cutlery for main meals will be returned to the central wash in the catering department, and be stored on a trolley in the pantry until their return.

9.3.4 There are vending machines on the landing of the first floor of the Women’s Centre.

9.3.5 Full detail of the service provision, including out-of-hours supplies, is contained within the [Women’s Centre Domestic Department Operational Policy](http://example.com).

9.4 **Disposal**

9.4.1 The unit will comply with the Trust’s [Waste Management Policy](http://example.com).

9.4.2 Details of waste collection procedures are contained with the [Women’s Centre Portering Operational Policy](http://example.com).

9.5 **Linen and Laundry**
9.5.1 Unit stock will be supplied six days per week on a linen trolley exchange basis by the Linen Hire Contractor.

9.5.2 Emergency supplies can be obtained out of hours from the Linen Room by contacting the Duty Lead Nurse Bleep 2345.

9.5.3 Dirty laundry will be collected from the Waste Disposal Hold.

9.6 **Porters**

The portering pool provides all adhoc services seven days per week, twenty-four hours per day. There is a dedicated porter for Maternity Monday - Friday 08.00 – 17.00 on bleep 2016 (excluding Bank Holidays). Out hours they can be contacted on ext 6650 or bleep 2302.

9.6.1 Full detail of the service provision is contained with the [Women's Centre Portering Operational Policy](#).

9.7 **Spiritual Care**

9.7.1 The chaplain can be contacted via bleep on an 'as needed' basis during core and out of hours.

9.8 **Health Records**

9.8.1 The unit complies with the [Maternity Services Health Records Policy](#).

9.9 **Post**

9.9.1 Post is delivered and collected from the unit twice per day, once in the morning & once in the afternoon, 5 days per week.

9.9.2 Full detail of the service provision is contained with the [Women's Centre Portering Operational Policy](#).

9.10 **Switchboard**

9.10.1 Main hospital telephone number is 0300 422 2222 from an external line.

9.10.2 The switchboard can be contacted by dialling 100 from an internal line and saying ‘Operator’ in response to the automatic phone system (LUCY).

9.10.3 The Delivery Suite direct line is 0300 422 5525/42 or 0300 422 5541 (Triage)

9.10.4 The Obstetric Theatre Suite direct line is 0300 422 6329.

9.10.5 Any staff “on call” arrangement/rota needs to be forwarded to the switchboard on a regular basis.

9.11 **Security**

9.11.1 Management/issue of access swipe-cards is provided by the Property & Medical Engineering Department, Parking & Access Manager.

9.11.2 A baby-tagging system is used throughout the Women’s Centre. An alarm will sound if a baby is taken through a secure door with an activated tag in-situ. This alarm will sound in all clinical areas – Birth Unit, Maternity Ward, Delivery Suite and NICU. It will be the responsibility of the clinical area where the alarm has been raised to cancel the alarm following a full investigation.

9.12 **Information Technology**

9.12.1 IT Services, Patient and Clinical Systems teams are required to support the routine use by the unit of the following systems/software:

- Trakcare
- Infoflex
- PACs
- P2P
- Internet Explorer
- MS Office applications (Outlook, Word, Excel)

9.12.2 Contact numbers for support are as follows:
9.12.3 Management Information reporting (activity data etc) is provided by the Information Department.

9.13 **Translation Services**

9.13.1 Staff can access interpretation/translation assistance as described in the [Translation and Interpreting Policy and Guide](#).

9.14 **Engineering Services**

9.14.1 Reference should be made to the [Engineering policy](#). The following features have particular relevance to the department.

9.14.2 Water services, ventilation systems, security system, lighting, data points & telephones, electrical power supplies and sockets, piped medical gases, pneumatic air tube, radio & television,

9.14.3 The Countywide Helpdesk number for urgent faults and maintenance requests requiring immediate attention is: (0300 422) 6800.

9.14.4 The Helpdesk is staffed from 08:00 to 22:00 Monday to Friday and from 08:00 to 18:00 Saturdays and Sundays. Outside of these hours calls should be emergencies only and these will be directed to the main switchboard. The Helpdesk does not take requests for new works.

9.14.5 Routine requests for maintenance must be made via the Medical Engineering desk on the Intranet.

10. **QUALITY INDICATORS**

10.1 Birth ratio (Annual births per WTE midwife): ideal 1:28
10.2 One-to-one care in labour
10.3 CTG audit, for information
10.4 Complaints
10.5 Risk Management audit
10.6 Infection Control/Saving Lives audit
10.7 Knife-to-skin audit
10.8 Maternity dashboards
10.9 WHO Safer Surgery Check list
10.10 CQC requirements

11. **ROLE IN MAJOR INCIDENT**

11.1.1 The department’s role in a Major Incident is to respond in accordance with the Trust’s Major Incident Plan.

12. **BUSINESS CONTINUITY/CONTINGENCY**

12.1.1 Refer to [Maternity Services Contingency Plans](#)
12.1.2 For staffing refer to the [Escalation Policy](#)

13. **HEALTH AND SAFETY**

13.1.1 Refer to the Trust’s [Health and Safety Policy](#).
13.1.2 Health & Safety risk assessments have been completed for each of the areas within the Women’s Centre. Dissemination of related Safe Systems of Work is the responsibility of line managers.
13.1.3 There is a Risk Co-ordinator for Obstetrics and Gynaecology and a Risk Co-ordinator for Paediatrics (includes Neonatology). Their role includes:
13.1.4 To advise on the implementation of the Health and Safety Policy within the Division/Department and on any local procedures.
13.1.5 To distribute Health and Safety information and check compliance with current Health and Safety regulations, staff safety training and the organisation of inspections/risk assessments and implementation of resulting actions.
14. DISEMINATION

14.1 The Practice Development Midwife will inform all staff via a newsletter when the guideline has been uploaded and individuals are expected to make themselves aware of the guideline content via the Policy Library on the intranet.

17. MONITORING OF COMPLIANCE

17.1 This list is not exhaustive and additional criteria may be included at the Trust discretion

17.2 The audit will include the current Maternity standards.

17.3 Sample sizes selected will be dependent on the cohort size. The data collection period will be identified by the Maternity Audit Lead.

17.4 Action plans will be developed and reviewed as required by the instigating body.

17.5 The audit will be carried out using the standardised audit tool and methodology as agreed by the maternity audit team and in line with the audit process.

17.6 The audit results will be presented to the multidisciplinary Obstetrics and Gynaecology Audit presentation meeting.

17.7 Where deficiencies are identified, an action plan will be developed by the author, following the Multidisciplinary Obstetrics and Gynaecology Audit presentation meeting. These action plans are implemented and monitored by the Associated Forum.

17.8 Audits are undertaken as routine triennially, however if deficiencies are identified or changes implemented, audit will be undertaken sooner.

<table>
<thead>
<tr>
<th>Monitoring of Compliance</th>
<th>Criteria (Objective to be measured)</th>
<th>Monitoring Methodology</th>
<th>Lead Responsible</th>
<th>Time scales</th>
<th>Reporting arrangements</th>
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<tbody>
<tr>
<td></td>
<td>Line managers are responsible for monitoring compliance with this policy, and escalating any issues with the policy itself to the document owner for consideration in future amendments.</td>
<td>Monitor adherence to policy</td>
<td>Area Manager</td>
<td>Ongoing</td>
<td>Health and Safety Committee</td>
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DOCUMENT PROFILE

REFERENCE NUMBER: B0665
CATEGORY: Non-Clinical
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SPONSOR: Dhushy Mahendran
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RELATED TRUST DOCUMENTS:
Maternity Services Operational Policies
Maternity Obstetrics Policy Library
Maternity Services Risk Management Operational Procedure
Maternity Services Staffing Policy
Maternity Escalation Policy – divert and closure
Maternity Mandatory Training Policy
Transfer & Discharge Guideline
Care and Assessment of the Pregnant Woman admitted to Any Clinical Area other than Maternity and Gynaecology
Last Offices Policy (Nursing)
Maternity Services Health Records Policy
Translation and Interpreting Policy and Guide
Maternity Services Contingency Plans
Health and Safety Policy

OTHER RELEVANT DOCUMENTS
ASSOCIATED LEGISLATION AND CODES OF PRACTICE

<table>
<thead>
<tr>
<th>Authors</th>
<th>Version</th>
<th>Reason for review</th>
<th>Ratified</th>
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</thead>
<tbody>
<tr>
<td>Cathy Molloy Senior Midwifery Manager /Matron delivery suite</td>
<td>1</td>
<td>New Policy</td>
<td>GOGG February 2013</td>
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<tr>
<td>Emily Beach</td>
<td>1.1</td>
<td>Amendment to criteria for EXON</td>
<td>GOGG October 2015</td>
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<tr>
<td>Pauline Hewitt band 7 Delivery Suite</td>
<td>2</td>
<td>Tri-ennial Review</td>
<td>Gloucestershire Obstetric Guideline Group (GOGG)</td>
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</tbody>
</table>
### EQUALITY IMPACT ASSESSMENT

#### INITIAL SCREENING

1. **Lead Name:**
   - **Job Title:**

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:**
   - Completed by:
   - **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.